



29 March 2003

Night-life out of control

**Hewitt sides
with pharmacy
on OFT report**

**Scotland
agrees on 3.9pc
pay increase**

**Welsh propose
central drugs
procurement**

**Take a closer
look at clinical
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allergic rhinitis and chronic idiopathic urticaria in children aged 6 years and over. **DOSAGE AND ADMINISTRATION:** Adults and children aged 12 years and over: Two 5ml spoonfuls once daily. Children aged 6 to 11 years of age: Two 5ml spoonfuls once daily or one 5ml twice daily. Children between 2 to 5 years of age: One 5ml spoonful once daily or one 2.5ml spoonful twice daily. **CONTRAINDICATIONS:** Hypersensitivity to the Constituents, Lactation. **INTERACTIONS:** There are no known interactions. As with other antihistamines avoid excessive alcohol consumption. **SIDE EFFECTS:** Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported. **USE IN PREGNANCY:** As with other drugs, the use of cetirizine in pregnancy should be avoided. **PACKAGING/PRICE:** Solution = £5.99 R.R.P. **LEGAL CATEGORY:** P **MARKETING AUTHORISATION NUMBER:** 08972/0033 **MARKETED BY:** UCB Pharma Limited, Watford, Herts, WD18 0UH. For information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, WD18 0UH. Telephone (01923) 211811. Facsimile (01923) 229002. **Date of preparation:** February 2003. **UCB-2A-03-02**

References:

1. IMS HEALTH MIDAS data. Units sold from July 2001 - June 2002





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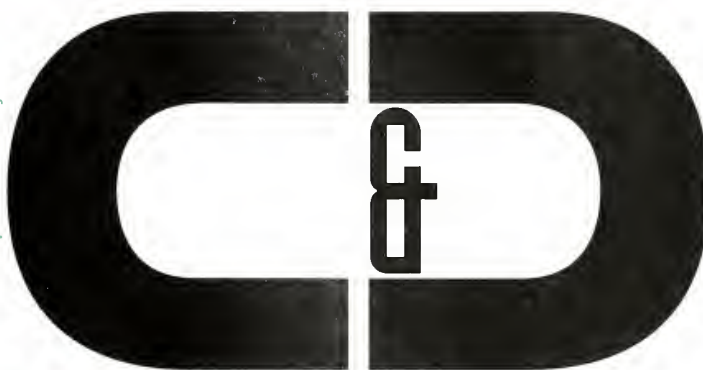
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OFT rejected but expect revisions

The Government is to reject the OFT's recommendations for retail pharmacy as published, and will come forward with alternative "proposals" before the summer recess. A progress report on the matter is expected by July.

Patricia Hewitt, secretary of state at the Department of Trade & Industry said on Wednesday afternoon: "We need a balanced package of measures and that is precisely what we will draw up. We favour change to open up the market and improve the quality and access without diminishing the crucial role that pharmacies play, especially in poorer and rural areas."

Health secretary Alan Milburn

said there was a need to examine the issues further. The OFT report had noted that in a more competitive environment problems could arise through the possible effects of deregulation in the ability of patients in some areas to access high quality pharmacy services. "We therefore propose to examine these issues further before reaching a final decision on a balanced package which most effectively promotes competition, new entry and increased choice alongside our wider social and health objectives."

Mr Milburn added ominously that the Government has already taken steps to open up the pharmacy market by allowing mail

order and internet pharmacies.

Westminster was apparently pushed into making the statement as Scotland, Wales and Northern Ireland all rejected the OFT's proposals. As a result of imminent elections for the Scottish Parliament and Welsh Assembly, the Scottish Executive opted to make its views known before going into electoral 'purdah' next week. Otherwise, their views would be held back until June.

Ms Hewitt was keen to stress that the OFT's regulatory challenge function is an important one and the Government will expect further reports on markets where regulation may be distorting competition.

Scotland's firm rebuttal

The Scottish Executive gave a strong rebuttal to the OFT report. Deputy health minister Frank McAveety said: "After careful consideration, Scottish Executive ministers have concluded that deregulation is not the way forward for Scotland."

"Our prime consideration was to weigh the OFT recommendations against our public health policy and the potential impact on patients."

"The OFT report suggests that deregulation would benefit consumers, but consumers are all patients. At the forefront of my mind has been the possible impact deregulation would have on patients in Scotland's remote and rural communities and deprived urban areas. These patients rely heavily on ready access to local community pharmacy and medical support services and that service must be maintained."

"We believe the OFT's report would run the significant risk of at least reducing, and at worst removing services in some areas. We are not prepared to take that risk."

Northern Ireland rejects 'unrealistic' OFT report

Northern Ireland has rejected the recommendations made by the OFT in its report into pharmacy control of entry regulations.

The minister for health, social services and public safety, Des

Browne said, on Wednesday: "I have concluded that simple and complete deregulation, as set out in the OFT report, is not a realistic option and is not, therefore, the way forward for Northern Ireland."

He added that although he had no fundamental opposition to the concept of deregulation, the OFT report did not explore other alternatives for encouraging competition.

Consequently, he said that there needed to be "compelling evidence that the present control system for the health service was deficient before he could consider the merits of the OFT recommendation to deregulate as the necessary solution".

Mr Browne added that he planned "to continue to develop our community pharmacy services within the context of our forthcoming community pharmacy strategy".

He said: "I also intend to negotiate a new contract for community pharmacists. The main thrust of these negotiations will be the implementation of the new strategy, but we will also consider how the existing regulatory arrangements can be improved to take account of changing health policies. I look forward to the commitment of the pharmacy profession in this regard."

For more information:

www.dhsspsni.gov.uk

Welsh Assembly says no

The Welsh Assembly has decided not to accept the recommendation of the OFT report into the control of entry regulations for pharmacies.

Health Minister Jane Hutt said: "There is a view that the [OFT] report has made recommendation with consideration only to the competition aspect without examining the impact on NHS services. I have come to share concerns about the impact the report's recommendations could have on small pharmacies, particularly in socially disadvantaged and rural parts of Wales. I am also anxious that the removal of these regulations could increase costs to the NHS in Wales resulting from the administration of alternative systems to protect access to pharmaceutical services under the NHS."

However, the report has provided a "useful stimulus" to find a policy that is right for Wales she concluded.

For more information:

www.wales.gov.uk



Government whip Jim Dowd MP indicated the Government's intentions towards the OFT report at a dinner given by Lambeth, Southwark and Lewisham LPC last week. "Both the practitioners and users of pharmacy are deeply worried about an unbridled approach to pharmacy services," he said. "I don't see how this report can go any further." Pictured holding some of the petitions supporting community pharmacy are MPs and members of Lambeth, Southwark and Lewisham LPC. From the left: Jim Dowd MP, Bob Rihal, Kate Hoey MP, Dilip Joshi, Rumesh Bhadresha, Ashok Soni, Sandra Gidley MP, Ashwin Tanna, Janet Anderson MP, Nye Patel and Sid Dajani



In 1993 the World Health Organization declared tuberculosis a global emergency and initiated a TB control strategy. Now, a decade later, in an announcement that coincided with last Monday's World TB Day, the WHO said that over 10 million TB patients have been successfully treated. However, further funding is needed to help stem the sub-Saharan African TB epidemic, which is growing unabated and is closely linked to HIV/AIDs and poverty. In some high-HIV sub-Saharan African countries, TB rates have quadrupled in the past 20 years, and it is estimated that between 2002 and 2020, about 1,000 million people will be newly infected, 150m will get sick and 36m will die of TB if control is not further strengthened. Pictured are two brothers carrying their mother, a TB sufferer in Ethiopia

Scotland settles early for 3.9pc

The Scottish global sum will increase by 3.9 per cent in 2003-04 with further funding of £500,000 being made available for pharmacy premises improvement.

The increase means the global sum will be £93.235 million. Of this, £1 million will again be set aside to fund model schemes of pharmaceutical care. There will be no change to standard and instalment dispensing fees, but payments for essential small pharmacies will be increased by 3.9 per cent.

Issuing the news last Friday, the Scottish Executive said:

"Prescription volume growth in 2002-03 has been running at the exceptionally high level of 5.3 per cent, therefore an overspend against the 2002-03 global sum is expected.

"As part of this settlement, the overspend will be written off in recognition of the investment already being undertaken by contractors in new infrastructure to prepare for early delivery of the new community pharmacy contract, and the extra work

incurred through current exceptionally high rates of prescription growth."

Scottish Pharmaceutical General Council has unanimously agreed the package, which it considers to be fair and reasonable, "especially given the continued rise in prescription volume".

"It's a case of steady as she goes," said chairman Frank Owens who pointed out that the settlement was brought forward to avoid the election 'purdah' coming into effect at the end of March.

However, he stressed that the settlement should not be seen in isolation but as part of the move towards implementing a new contract for NHS Scotland community pharmacy services. "As part of that process, and in order to inform the costing of that new contract, it will be necessary to identify the level of financial support provided through current availability discounts."

As part of this, two discount enquiries on proprietaries and

generic medicines will be conducted over the summer.

There will also be an 'in year' review of the operation and effectiveness of both the compliance initiative and of instalment dispensing. There will be an 'in year' review of any agreed change to service provision, such as extension of the existing repeat dispensing/prescribing and direct supply of medicines pilots, or the introduction of further national vaccination programmes.

The Scottish Executive points out that it is committed to having a framework for the modernised community pharmacy contract in place by 2005. Mr Owens added that SPGC is already in negotiations with the Executive on this matter.

Among the model schemes highlighted by the Scottish Executive was the Bannerman's Possil Park Pharmacy in Glasgow which won the *Chemist & Druggist*/Ceuta pharmacy design award (*C&D February 15 p28-29*).

Scots urged to register prescribing interest

Scottish pharmacists must register for supplementary prescribing training courses as soon as possible as they likely to be "substantially oversubscribed", the Scottish Pharmaceutical General Council's chairman Frank Owens has warned.

Mr Owens's comments followed an announcement by Scotland's chief pharmaceutical officer Bill Scott that NHS Education for Scotland (NES) will commission supplementary prescribing training for pharmacists through the two Scottish schools of pharmacy.

In addition, NES will meet the cost of training pharmacists for supplementary prescribing, which is expected to be about £1,000 per trainee.

Mr Owens said, in the SPGC's latest newsletter, that although the vast majority of course places are expected to be offered to community pharmacists, they are still likely to be oversubscribed.

Future training would be incorporated in pharmacists' undergraduate study, said Mr Scott.

Statute for supplementary prescribing framework

Legislation defining who supplementary prescribers are and what they can do has been laid before Parliament and will come into force on April 4.

The National Health Service (Amendments Relating to Prescribing by Nurses and Pharmacists etc) (England) Regulations 2003, defines supplementary prescribers as those listed in:

- the register of pharmaceutical chemists as stated in the Pharmacy Act 1954
- the register maintained under the Pharmacy (Northern Ireland)

Order 1976 and
the nurses and midwives' professional register

In addition, supplementary prescribers must have an annotation against their name in the relevant register, which states that they are qualified to order drugs and appliances as a supplementary prescriber.

The statutory instrument also defines the content of the clinical management plan, which it says must state:

- the patient's name and illness or conditions which may be treated by the supplementary prescriber

- the date the plan takes effect and when it should be reviewed
- the description of medicines which may be prescribed
- patient sensitivities
- arrangements for notifying adverse reactions, and
- when the supplementary prescriber should refer or seek advice of the doctor in the plan.

Supplementary prescribers must have access to the same patient health records that are used by the doctor or dentist, who is party to the clinical management plan, says the legislation.

Public support for pharmacy's fight against the OFT recommendation has been strong. In Stoke-on-Trent, some 10,000 petition signatures have been collected by over 100 community pharmacies. The staff at Graham Pharmacy handed their petition of 1,000 signatures personally to their local MP and councillor last Friday. Pictured from left to right are Clare Kilgariff (Graham Pharmacy), Anjana Gohil (local surgery practice manager), Ann Tooth (Graham Pharmacy), Hema Morjaria (pharmacist and Graham Pharmacy director), Rajen Morjaria (pharmacist and Graham Pharmacy director), Ivy Dockey (Graham Pharmacy), Yolanda Machin (Graham Pharmacy), Joan Walley (MP for Stoke-on-Trent), and Jean Edwards (local councillor)



What next?

Pharmacists who can demonstrate that they will have the biggest impact on patient care are likely to be the first to be trained as supplementary prescribers.

Georgina Craig, the NPA's NHS services development head, said PCTs will be prioritising training.

To help pharmacists decide whether to take on supplementary prescribing, the NPA has developed a briefing document, which covers the areas pharmacists should include when submitting a proposal to their PCT.

In addition, it discusses how to approach GPs, along with other issues which should be considered before applying to become a supplementary prescriber, such as competency, workload, probity, potential costs and PCTs' local health plans.

The National Prescribing Centre has also published a document: *Maintaining competence in prescribing: an outline framework to help pharmacist supplementary prescribers*.

For more information:

E-mail: nhs.dev@npa.co.uk

Shareholder revelations stop SSRI inquiry

The Medicines Control Agency has halted an investigation into SSRI antidepressants after it was revealed that two of the inquiry team held shareholdings in drug companies whose products were part of the investigation.

In a statement issued on Tuesday, the MCA confirmed that the original expert group had been dissolved and a new one would be set up.

"The membership of this new expert group has yet to be decided and individuals' interests in the pharmaceutical industry will be taken into account when considering the appropriate membership. The timescale for completion of the review is uncertain."

Health minister Hazel Blears suspended the original inquiry last December, following public concern about SSRIs and their withdrawal effects.

Questiontime

in association with



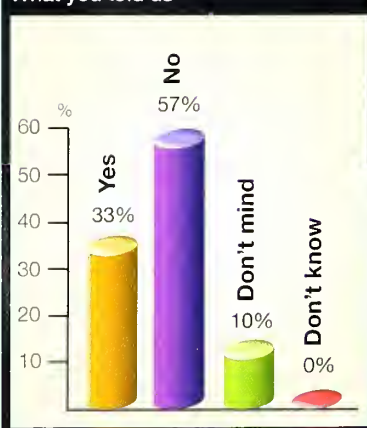
Last week we asked you: "Pending an expected post-war Government reshuffle, would you like to see David Lammy MP stay as minister with responsibility for pharmacy? You replied (see right):

This week's question: If Scotland's pay settlement of 3.9 per cent for 2003-04 is indicative for the rest of the UK, how do you think this will affect pharmacy service development?

- Maintain status quo
- Increase new services
- Decrease service provision
- Don't know

You can record your vote on our website: www.dotpharmacy.com. You have until noon on April 1 to cast your vote. We will publish the results in C&D, April 5.

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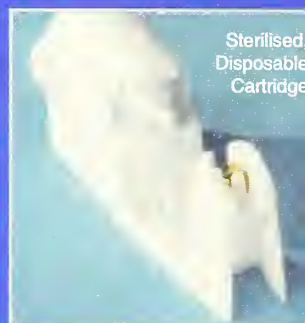
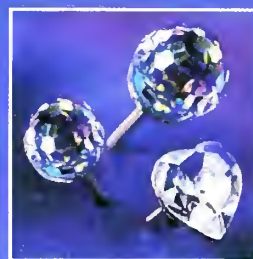


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† Randomized Study Comparing the Efficacy of a Novel Manual Breast Pump With a Mini-Electric Breast Pump in Mothers of Term Infants. M S Fewtrell, P L Leitch et al. MRC Childhood Nutrition Research Centre, London. Journal of Human Lactation May 2001
 * Colic, Crying Fussing and Feeding. Alan Lucas MD FRCP, MRC Dunn Nutrition Unit and Department of Paediatrics, University of Cambridge; Ian St James-Roberts PhD, Thomas Coram Research Unit, Institute of Education, University of London; Ross Paediatric Research Conference, USA, November 1994

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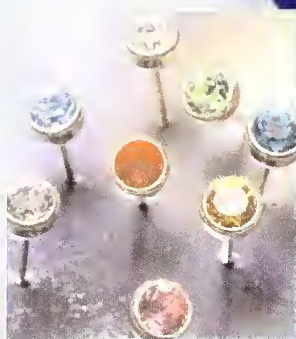
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PRACTICE

Expert calls for asthma NSF

A leading asthma expert has called for the introduction of a national service framework for asthma.

Professor Martyn Partridge, chief medical advisor at the National Asthma Campaign, said the UK has one of the highest rates of asthma in the world and the disease is becoming more common. Fortunately, deaths and hospital admissions are decreasing, "but studies have shown over the last few years that despite good medicines being available for asthma, we are still seeing 46 per cent of children with asthma having time off school and a third of people are having sleep disturbance."

The professor said at a Boots briefing that it was not necessarily a case of developing new medicines, but of encouraging better use of existing medicines to control symptoms. He also supported a Boots asthma initiative which will see pharmacists and counter staff enquiring after asthma sufferers' experiences of asthma.

A training pack has been sent to all Boots pharmacists highlighting three simple questions as recommended by the Royal College of Physicians to help patients identify whether they have their symptoms well controlled. The questions are:

- have you had difficulty sleeping because of your asthma questions?
- have you had your usual asthma symptoms, such as coughing, wheezing tight chest or feeling breathless, during the day?
- has your asthma interfered with your usual activities such as housework, work or school?

Describing pharmacists as a source of valuable information, Professor Partridge commented: "The initiative is truly about patients being in control of their symptoms. The more we can give control back to the patient the better ... [and] this is best given as a personalised written asthma management plan."

Report on first wave of MMS

A review of the first wave of the collaborative medicines management service has been produced by the National Prescribing Centre.

MMS Wave 1 Review is based on reports and data submitted to the team by the 26 PCTs taking part in the scheme, which began in 2001.

The report concludes that the most successful work so far has included:

- prescription intervention schemes through community pharmacies;
- medication review; and
- repeat prescribing initiatives.

It also says that the involvement of senior managers, such as the PCT chief executive or board members, significantly enhanced the organisation's involvement and ability to make improvements.

Programme director Richard Seal said: "We are delighted with the progress made by sites in the first wave. The results show there have been significant improvements across the board. The purpose of this report is not only to share the improvements with others but to celebrate the hard work that local projects teams have put in to deliver them."

The report will be circulated widely within the NUS and to key professional bodies and organisations. It is also available to download from the website.

For more information:

www.npc.co.uk/mms

Tel: 0151 794 8131

PAGS

Helen Darracott switches to PAGB

Helen Darracott, currently acting director of professional standards at the Royal Pharmaceutical Society, is to leave the Society and join the OTC manufacturers' organisation PAGB.

Mrs Darracott, who was also head of professional ethics and standards at the Society, will take up the position of director of legal and regulatory affairs at the PAGB on April 14.

At the Society she had responsibility for the review of the

Code of Ethics, as well as registration, training and regulation of pharmacists. She has also been a member of the steering group on the regulation of pharmacy support staff, a member of the Department of Health Patient Advisory Group and represented the Society on the Pharmacy Group of the European Union.

PAGB director Sheila Kelly said the move had been described in football terms as "the transfer of the season".



Helen Darracott

SCOTLAND

Vaccines via pharmacies

Community pharmacists in Scotland will be responsible for ordering and distributing the pneumococcal polysaccharide vaccine (PPV) next winter.

A letter from the Scottish Executive health department to primary care health professionals says that from this autumn, everyone over the age of 65 will receive the PPV vaccine, along with the flu vaccine.

GPs are asked to order stocks of both vaccines through their community pharmacist.



The decision to use pharmacists is based upon their "established and valuable public health role."

For more information:

www.scotland.gov.uk

Efamast deadline

Pharmacia is reminding pharmacists who still hold stocks of Efamast and Epogam that claims for refunds must be received by March 31. Refunds follow the withdrawal of product licences earlier this year.

Pack labels and box sides should be returned with the refund coupon (*C&D February 15, p8*) to the Commercial Dept, Pharmacia Ltd, Davy Avenue, Knowlhill, Milton Keynes MK5 8PH.

Charter debate at AGM

Pharmacists will have an opportunity to discuss the draft of the new Royal Charter at the Royal Pharmaceutical Society's annual general meeting on May 14 and at the Branch Representatives'

Meeting on May 15.

Secretary and registrar Ann Lewis said the Society will take the draft new charter out to the members in a series of roadshows and meetings.

Wales considers central buying for medicines

Central buying of 300 medicines prescribed and dispensed in primary care could save NHS Wales £50 million a year. However, it could threaten the country's network of community pharmacies and prompt a deterioration in pharmaceutical services, the auditor general for Wales has warned in a report.

As *C&D* went to press, the National Assembly for Wales was considering whether to accept a recommendation to pilot centralised buying contracts on a small number of 'primary care' medicines.

In his report, *The Procurement of Primary Care Medicines*, the auditor general for Wales, Sir John Bourn, notes that the bill for primary care medicines in Wales was £410m in 2001-02. This is equivalent to 15 per cent of total NHS Wales expenditure and substantially more than for the same medicines in secondary care. However, centralised buying for secondary care by the All Wales Drugs Contracting Committee covers only 500 of the 14,000



drugs used in primary care in Wales. Highlighting the 9.2 per cent average annual growth in the primary care medicines bill, he suggests that Wales' 1,050 community pharmacy contractors and dispensing doctors currently offer only "fractured" buying power, but advises NHS Wales that changing current buying arrangements will affect pharmacists' roles and payments.

Noting Community Pharmacy Wales' concerns that removing or reducing levels of pharmacists' reimbursement could threaten the viability of community pharmacies

at the margins of profitability, the auditor general says that changes should be reflected in pharmacists' NHS contracts. Reforming the Essential Small Pharmacy Scheme in Wales might also be an option.

Among the other risks of centralised buying, the report notes CPWs concerns about the effect on wholesalers' margins in Wales. It says that reductions "would lead to retrenchment of those networks, leading in turn to fewer deliveries, especially in rural areas. This would increase the risk of pharmacists not being able to dispense medicines at the time patients present ...leading to a serious deterioration in pharmaceutical service to those least able to visit a pharmacy".

Adding to the risks associated with centralised buying, Sir John highlights a weakening in the security of supply of medicines, for example, shortages in Wales caused by GPs and pharmacists outside the country saving money by buying cheaper medicines in Wales and the erosion of pharmaceutical companies' cross-

sector subsidy possibly leading to price rises in the secondary care sector. Primary legislation might also be needed to enforce the prescribing of medicines covered by centralised contracts.

Any extensive changes, he says, should also be determined in the light of action recommended by the Department of Health in its current review of the generic medicine supply.

However, procurement is only one factor affecting expenditure and there is further scope for improving value for money by changing prescribing behaviour; Sir John points out that simply increasing the use of generics could save £2 million. In Wales the rate of generic prescribing runs at 69 per cent, compared with 74 and 75 per cent in England and Scotland.

Andrea Robinson, chairman of the Society's Welsh Executive, commented: "In our opinion it is essential that any change to the arrangements for the supply of medicines does not disadvantage services to patients.

BAPW sets three objectives

A 'constructive and productive dialogue' between pharmaceutical wholesalers and the Department of Health about generic medicines has led to the DoH modifying its proposals so that risks to the supply chain are mitigated.

Wholesalers have also joined hands with the PSNC and the NPA. "This joined-up approach throughout the supply chain will result in an outcome to the generics enquiry which is more likely to satisfy the objectives of all stakeholders," Steve Dunn, chairman of the British Association of Pharmaceutical Wholesalers, has predicted.

The BAPW has set itself three strategic objectives, Mr Dunn told members at the Association's annual dinner in London on Monday. They are:

- to establish strong relationships with all supply chain stakeholders;



Steve Dunn: 'joined up approach'

- to promote the value of full-line wholesaling;
- to provide value to the BAPW membership.

"Full line wholesalers perform an absolutely key role in the pharmacy market, delivering over 85 per cent by value of the drugs dispensed in pharmacies, 50 per cent of the drugs used in hospitals and making something like

300,000 deliveries each week," said Mr Dunn.

The support services wholesalers provide - finance, marketing support, training and approximately half of retail pharmacy IT packages - are often taken for granted, and the full-line model has come under pressure from short-line operators, he said.

"We must promote ourselves to the marketplace and re-earn the respect we used to hold. Some full-line wholesalers have successfully done this and their offer, for example, in the area of generics and PIs, is as competitive as many short-liners."

Pharmacists have not yet recognised this, said Mr Dunn, who is group managing director of the AAH Wholesale business, but the new two-tier contract will throw the services wholesalers provide into sharp focus.

Nucare goes electronic as customer base grows

Nucare Pharmaceuticals is about to launch an electronic ordering system, which allows users to check product availability and catalogue prices.

The buying group has also expanded its customer services department and increased delivery services. Nucare reports significant growth in its PI/generics division during 2002.

The outcome of the Office of Fair Trading report into the contract of entry regulations will be high on the agenda of the Nucare convention scheduled for May 9-11 at the Marriott Forest of Arden Hotel & Country Club.

For more information:

Tel: Zeerak Petafi on 020 8731 2525

There's a brand new way to target pain - without pills



RETAILING

Superdrug can see itself on the phone

Superdrug is to join specialist operators, such as the Carphone Warehouse, as the UK's first retailers of the new third-generation mobile phone handsets.

The phones, branded '3', are the first to allow users to make video calls and watch video clips. Marketed by Hutchison 3G UK, which is 65 per cent owned by Hutchison Whampoa, also Superdrug's parent, the 3 phones retail for between £399-£499 and are to be sold through selected Superdrug stores by the end of next month. Around 20 stores are thought to be involved in the initial roll-out, although Hutchison 3G UK is not confirming numbers.

The phones will be sold from a store-within-a-store, possibly from a separate area with its own high street frontage. Apart from its corporate connections with Superdrug, Hutchison 3G UK says the drugstore and pharmacy chain offers a large number of



outlets in good locations on Britain's high streets. "The chain's high foot fall and high profile is advantageous for both parties," said a company spokesman.

Hutchison 3G UK, which

operates three stores of its own, says there are currently no plans to include other pharmacy chains in its UK roll-out. A multi-million pound advertising campaign for the handsets has been scheduled in support.

INDUSTRY

Lobby group gets claws into animal research

Medical commercial, charitable, academic and funding organisations have joined forces a lobby group supporting responsible biomedical research involving animals.

According to the group, which is called the Coalition for Medical Progress, such research remains a potent social issue. However, recent MORI research reveals that 90 per cent of the population are 'conditional acceptors', ie, that they will accept animal experimentation to benefit humans, provided that welfare standards are high, non-animal methods are used if available and there is serious medical need.

The group already includes, among others: The Medical Research Council, the Association of Medical Research Charities and the Association of the British Pharmaceutical Industry.

For more information:
www.medicalprogress.org

Coming Events

APRIL 1

Northern Scottish branch, RPSGB

AGM at the Marriott Hotel, Culcabock Road, Inverness, 7.30pm.

APRIL 4 - 6

United Kingdom Clinical Pharmacy Association

Intensive weekend school *Developing Clinical Practice Skills in Pharmaceutical Care* at the Hilton Hotel, Leeds. Further details on 0116 277 6999 or www.ukcpa.org

APRIL 25- 27

National Association of Women Pharmacists

Weekend conference *Mental Health - the Times They are a-Changing* at the Catalis Centre, Derby. More details from Veronica Pearson, 01509 230463 or www.nawp.org

APRIL 30

Pharmacy Management Seminar

The Future for Pharmacy at the NEC, Birmingham. Further information on 0118 984 4977 or e-mail: info@pharman.co.uk



Shire Pharmaceuticals Group has appointed Matthew Emmens as its chief executive, succeeding Rolf Stahel. Mr Emmens, an American, arrives from the Merck company in Germany where he was president of its global prescription pharmaceuticals business. He has almost 30 years' experience in pharmaceuticals and his remit at Shire is understood to include increasing shareholder value and reducing the company's reliance on its attention deficit hyperactivity disorder drug, Adderall XR. Shire was recently boosted by the acquisition of the rights to Methypatch from Noven. It plans a US launch for this product in the second half of this year.

Cellasene 'as usual' in UK

It is business as normal in the UK for cellulite skin supplement, Celasene Forte, despite a multi-million dollar case against the supplement in the USA.

The suit against the former US marketer of the supplement, Rexall Sundown Inc, by US trade regulators alleges claims about Celasene's ability to eliminate or substantially reduce cellulite, as well as false claims of clinical evidence establishing Celasene's efficacy.

In the UK, however, the claim is only that the product may help reduce cellulite and this is backed by strong research, says UK distributor Lichtwer Pharma.

Rexall will pay up to \$12 million in redress to US consumers who are believed to have spent \$40m on the brand. Celasene's Italian manufacturer Medestea is planning to relaunch the product in the US with allowable claims, and is seeking a new US distributor.

IMPLANTS

S&N acquires Swiss rival

Smith & Nephew has acquired rival Swiss devices manufacturer Centerpulse in a £1.5 billion deal that propels the company into pole position in the European orthopaedics reconstructive implant market.

Centerpulse's expertise in orthopaedics, spinal and dental implants will be combined with Smith & Nephew's focus on

orthopaedics (reconstructive joint and trauma), wound management and endoscopy in what becomes Smith & Nephew Group plc.

The deal gives the combined group approximately 26 per cent of the European and 18 per cent of the global reconstructive implant markets.

For more information:

www.smithandnephew.co.uk

Comment

from the Editor

It ain't over 'til the fat lady sings. She seems to have performed in Scotland, Wales and Northern Ireland, with her voice reaching the gods, but her tour managers are holding back on the Westminster stage.

Yes, the OFT's recommendations for pharmacy deregulation have been soundly rejected by the devolved countries, but the London Government wants to save some face by bringing forward its own proposals. The Department of Trade & Industry can hardly be expected to openly admit the OFT got it wrong.

Since the *Pharmacy in the Future* programme was published, the Government has made it clear that there needs to be some recognition of the changing public expectations of how health care should be delivered. But the sometimes fickle public has said no to the might of the supermarkets. Knowing the price of everything and the value of nothing may be how grocers thrive, but accessibility and service is what the UK community pharmacy network excels at.

Pharmacy has obviously won the support of the public. It must maintain that support and also acknowledge that without

public opinion, the pharmacy lobby would not have been as strong. And if such a campaign can be mounted once, then surely there is a basis for future activity.

Westminster has devolved healthcare but hasn't devolved competition. How closely will the devolved countries be allowed to stray from the London Government's intent? And if they stray too far, will there be later legislation to restrict devolutionary powers? Perhaps London could withhold some funding.

The devolved health departments have supported pharmacy, it's now pharmacy's turn to work towards a better future. Sorting those new contracts out now is a good first step.

Knowing the price of everything and the value of nothing may be how grocers thrive

PAGB perspective

PAGB director Sheila Kelly asks if doctors should still be gatekeepers to healthcare funds

Doing the maths

After self care, visits to a general practitioner are the most heavily utilised part of healthcare and everyone agrees they should be freed up to take on more work from the most expensive part of the system, the hospital and secondary care sector. Why isn't it happening?

Looking at different healthcare systems in Europe and the United States, it is clear this isn't just a problem for the UK; indeed, with our push on POM to P we have gone further than most countries in promoting wider access to medicines. Two differences of the UK system stand out as models for other countries.

Firstly, in virtually all European countries doctors are paid for each patient visit. The sums are modest, generally around £15 a visit, but they are a key part of the GP's income. If people go to the pharmacist instead of the doctor,

the doctor loses out. Perhaps it's no co-incidence that UK doctors, not dependent on patient visits for income, are far more positive about self-medication.

The second difference is the way drug costs are reimbursed. In most countries, once something is available over the counter it is removed from reimbursement. Again, the UK is different, allowing the same medicines to be bought or prescribed under the NHS. This gives manufacturers every incentive to switch.

The United States shows how the way healthcare is funded can distort behaviour. The USA invented the concept of switching back in the 1980s. It now lags far behind because none of the insurance schemes cover the costs of OTC medicines. The result is that people go to the doctor for medicines for ailments like hayfever that should be self-



treatable. The doctor charges around \$100. The result is that the poorest people without insurance are forced to spend a large chunk of income just to get medicines that they could buy cheaply over the counter. So what does this have to do with the UK? Well, we have the same problem but we can't see it because the NHS picks up the costs.

Around the UK, schemes using

the pharmacist as the first port of call for common ailments are popular with doctors, pharmacists and patients alike but they are only available to non-exempt patients. People who are exempt still go to the doctor, not because they are less able to self-treat, but because they need the FP10 to get free medicines. Extending the schemes to exempt patients seem to be a bridge too far for the NHS because of concerns about increasing demand.

Since each doctor visit costs around £35 and the average cost of a pharmacist's fee in the schemes is around £2 the maths suggest unless we get an 18-fold increase in prescription volume we are in profit. If we are serious about using the pharmacist more and getting doctors to focus on more serious illness instead of rationing NHS access, this must be the way we go.

Inside PARLIAMENT

MPs speak out on OFT report

A selection of views on the OFT report from Parliament

"I have received objections from hundreds of constituents who are outraged by the OFT's proposals." **Andrew Dismore MP**

"I suggest that the OFT was simply wrong in believing that pharmacists are merely shops; in fact, they are a network of primary health care professionals who play a key role in preventive health and in distributing drugs to the elderly and the sick." **Dr Vincent Cable MP**

"Since the OFT's report confirms that community pharmacies do an excellent job, are trusted by their customers and are accessible to the vast majority of people, is it not clear that were the recommendations accepted it would show once more that this Labour Government care nothing either for those small and often family-run businesses that are the backbone of many communities, or for their customers, who rely on them as a valuable source of health advice?" **Tim Yeo MP**

"Patients as consumers do not seem to be making a large number of complaints about the existing level of services provided by community pharmacies in Scotland." **Margaret Smith MSP**

"With more competition, there will be a desire to sell more medicines. However, the code of ethics for pharmacists requires them to recommend and sell only the amount that is appropriate for patients' needs at the time of consultation. Is it in the interests of the patient or consumer for us to encourage people to take more medicines and supermarkets to sell more?" **Mary Scanlon MSP**

"In the friendliest way possible, is a former teacher of English, I would grade [OFT representative] Dr Graham's ability to interpret as a C minus." **Bill Butler MSP**

TOPICAL REFLECTIONS

When in a hole ...

I have never experienced such a spontaneous public response to an appeal as my customers' reactions to the Office of Fair Trading report recommending deregulation of pharmacy contract controls.

Not one has declared support for the idea and many have responded by 'demanding' to sign the petition. Others have promised to write to the local Member of Parliament and have been true to their

word, proudly showing me the letters of positive support they have received in return.

Even well in advance of the 90 day deadline for the Government's response, the Department of Trade and Industry is distancing itself from its own agency's recommendations. In fact, if I were the Secretary of State at the DTI, I would be looking seriously at the fundamental rationale behind the continuing existence of the OFT.

To quote: "We can only speculate on how the OFT reached its cloddish decision. As a government agency it seems obsessed with its own rigid procedures and has precious little feel for the intricacies of the outside world." Or: "The OFT is unsophisticated, dangerously erratic and thoroughly unpredictable. In the case of it has singularly failed to meet its first objective, which is to protect consumers." (*Guardian, March 20*). And there is a lot more!

No, this is not the *Guardian's* response to the OFT report into the pharmacy contract but into the Safeway takeover battle! The financial press can no more understand the thinking behind the OFT's recommendations than I or my customers can, but whatever the subject the conclusions are the same. Their decisions are causing immense damage and should be vigorously opposed.

The cracks in the OFT's case are now visible chasms. With a little more effort it will be totally destroyed and common sense will have won a memorable victory. And out of that victory? A new viable contract for both me, the NHS and the patient.



Going for pole position

The competition for prescription drugs to treat erectile dysfunction is now really hotting up with the launch of a third phosphodiesterase type 5 inhibitor 'Levitra'. The massive marketing lead enjoyed by 'Viagra' will probably never be challenged so survival for both 'Cialis' and 'Levitra' could be down to the guile of the marketing boys.

First out of the stalls is LillyICOS with their launch of InfoMatters, a treatment concordance programme for men who have been prescribed 'Cialis'. And my role in this programme? To stuff the prescription bag with a letter from LillyICOS offering a free InfoMatters pack and access to a confidential telephone helpline manned by trained advisors. Do they really understand their own terminology and the meaning of the word concordance?

I, of course, am not qualified to provide any advice. No, I am merely the supplier. I am not against the principle of InfoMatters because erectile dysfunction is a highly embarrassing problem that does need sensitive management. I am ideally situated to be a part of that management. I have a confidential consultation area and see health promotion as one of my main roles.

I have learnt that the best health education starts well before the prescription is written and the right environment can create the patient confidence to make that first difficult request for information.

Advice on Erectile dysfunction fits my role as a community pharmacist perfectly. The InfoMatters programme has great potential but as launched addresses only part of the problem and may alienate a profession that could be its most useful supporter.

Look before you leap?

RPSGB Council member Ashwin Tanna highlights some more points for consideration in the Society's modernisation programme

At the February meeting of the RPSGB Council, it was agreed that the future reformed Council will comprise 17 pharmacists, two pharmacy technicians (should the Society proceed to register technicians), and 10 lay members.

I had indicated during the discussion that we should keep the same number of members for the reformed Council as the current format with the following composition: 15 pharmacists, two pharmacy technicians and seven lay members, but this proposal was rejected.

Increasing the Council membership by five would inevitably increase recurring costs to the Society not to mention the further expense and upheaval it will create in the Council chamber to accommodate these extra numbers. The Government has yet to convince the public and membership that the Society, since its inception over 160 years ago, has failed in its duties as a professional and regulatory body. I believe that the input of seven lay members would effectively and efficiently discharge the Society's function in the public interest and gain public confidence.

Ann Lewis, the Society's secretary and registrar, has stated on a number of occasions that the status quo is not an option. I agree with this but seven lay members as compared to ten would not make any significant difference to the Government in terms of imposing a new Council structure, as the introduction of only seven lay members will not resist the reforms which are in the public interest.

The criteria which I have

been advocating have not even been put forward to the health minister, so Council is none the wiser as to the likelihood of their rejection. It could be that a section of the membership might object to the process used to alter the composition of the Council and would seek a judicial review opposing change in this way. Whether it would succeed or not would be for the court to decide.

At the March Council meeting, the Council reached a unanimous decision that it would seek a new charter, since the supplemental charter of 1953 is outdated. As I see it, the main purposes of seeking a new charter with the support of the membership are as follows:

- the composition of the Council could not be altered under article 20 of the old charter without the Council calling an SGM.
- the Council can seek registration with the Charity Commission as a charitable body.
- to remove the need for all regulations to be approved by the Privy Council, giving the Society greater capacity to regulate its own affairs.

It was my understanding that a 'unanimous decision' was only reached for the Council to seek the views of the profession on how the new charter may be constructed. At no time were all the articles of the draft charter discussed in full and put to the Council for a vote. It is far from true that the Council had fully agreed the draft charter in its entirety.

The Council has proposed talking to the membership via the pharmacy press, the Society's website, at branch and regional meetings and the AGM. The Privy Council has

made it clear that the consultation should include as wide a range of the membership as possible and should be seen to be doing so.

I therefore feel the Council should organise a special meeting for the membership to discuss the issue. This would be better than relying on the small number of members who attend the AGM. In the meantime, I would urge the members to take the new charter proposals seriously and send their comments or observations to Christine Gray at the Society headquarters.

My three main concerns with the draft charter are Article 4, Article 6(2) and Articles 8,9 and 10.

Increasing the Council membership by five would inevitably increase recurring costs to the Society not to mention the further expense and upheaval it will create in the Council chamber

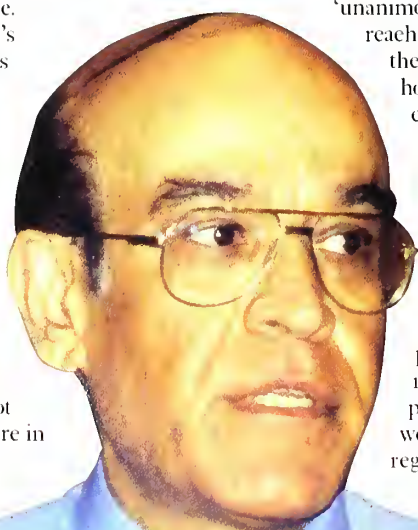
- Article 4 makes explicit that the Society's income and property may not be distributed to the Council members or members of the Society by way of dividend, bonus or profit. However, Article 5 under the old charter requires the approval of a general meeting before the property may be sold.
- Article 6(2) removes the need to seek Privy Council approval for all bylaw changes. I do not agree to such a change because of my own experiences.

Last September the Council sought an amendment to change the Byelaw Section VII Paragraph 3, which was published in the pharmaceutical press. As I felt strongly about the change, I wrote a letter to the Privy Council objecting to it. Consequently, the deputy clerk of the Privy Council arranged a meeting with the Department of Health and its solicitor and myself about my objection to change the bylaw.

The DoH is still considering the proposed amendment to the Society's bylaw and considering the comments I have made. The Privy Council therefore has not approved any changes to that particular bylaw.

Thus article 6(2) under the draft charter would give Council the go ahead without the need to consult the Privy Council.

- Articles 8,9 and 10 will reduce the majority required at a special meeting two-thirds for the members present at voting, instead of three-quarters under Article 20 of the old charter.



Eumovate Eczema & Dermatitis Cream Product Information.

Indication: Cream containing clobetasone butyrate 0.05% w/w. **Uses:** Short-term treatment and control of patches of eczema and dermatitis including atopic eczema and primary irritant and allergic dermatitis. **Dosage and administration:** Adults and children, aged 12 years and over. Apply sparingly to the affected area twice a day for up to 7 days. If the condition improves within 7 days stop treatment. If the condition does not improve in the first 7 days or becomes worse, or if after 7 days treatment an improvement is seen but further treatment is required, the patient should be advised to consult a doctor. To be used in children under 12 years only on the advice of a doctor. **Contraindications:** Known hypersensitivity. Broken skin or skin lesions caused by infection with viruses (e.g. herpes simplex, chicken pox), fungi (e.g. candidiasis, tinea) or bacteria (e.g. impetigo). Acne vulgaris.

Precautions: Absorption can be increased by occlusion so treatment is limited to no more than 7 days continuous treatment without occlusion. Treatment should not be initiated at the same site for a third time without medical advice. Only to be used for the treatment of eczema or dermatitis as other conditions may be masked or exacerbated. Should not be used on the face, groins, genitals or between the toes. Medical advice should be sought in seborrhoeic eczema. Consumers should be warned against letting the cream get into the eye, as topical steroids can cause glaucoma. Do not use with other topical corticosteroids or in the treatment of psoriasis. **Pregnancy and lactation:** Use only on the advice of a doctor. **Side effects:** Hypersensitivity exacerbation of symptoms. **Legal category:** P. **Product licence number:** 0949/0346. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS. **Further information available on request from:** Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Hallis House, Great West Road, Brentford, Middlesex, TW8 9BD. **Package quantity and RSP:** 15 g tube £5.49. **Date of preparation:** August 2001. Eumovate is a registered trademark of the GlaxoSmithKline Group of Companies.

GlaxoSmithKline UK Limited, 2001. **References:** Munro DD, Wilson L. Br Med J 1975; 3: 626-8. Parneix-Spake A, Goustas P, Green R. J Dermatol Treat (2001) 191-197.

SKIN RAGES?

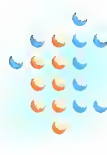


Before it gets to this, get to them

Skin Flare-Up due to eczema and dermatitis, characterised by itchy, red, dry and inflamed skin, can be extremely aggravating. Eumovate Eczema & Dermatitis Cream, available without prescription, acts early and helps break the Itch-Scratch Cycle, before it gets out of control.

No other over-the-counter medicine clears Skin Flare-Up more effectively than Eumovate Eczema & Dermatitis Cream.^{1,2}

for Skin Flare-Up

 **eumovate**[®]
eczema & dermatitis cream
clobetasone butyrate 0.05%

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Now on TV



GlaxoSmithKline

It's arrived



What women want is now available for your pharmacy¹

Research shows that 60% of women with thrush have been waiting for a convenient oral capsule from a brand they know and trust.¹ Now Canesten Oral is here. And with expected pharmacy growth of £5 million,² it's a precious new arrival for you too.

Product Information for Canesten® Fluconazole Oral Capsule. Presentation **Canesten® Fluconazole Oral Capsule** contains 150mg fluconazole. **Indications:** Treatment of candidal vaginitis, acute or recurrent. Also for treatment of partners with associated candidal balanitis. **Dosage and Administration:** *Adults (16 – 60 years):* One capsule. **Contra-indications:** Hypersensitivity to fluconazole, related azole compounds or any of the excipients; co-administration with terfenadine or cisapride; pregnancy and breast feeding. **Warnings and Precautions:** Adequate contraception necessary. A physician should be consulted if the patient or partner have had exposure to sexually transmitted disease, or if the patient has had more than two infections of thrush in the last six months; is taking any medicine other than the Pill; has any disease or illness affecting the liver or kidneys or has had unexplained jaundice; suffers from any other chronic disease or illness; is uncertain of the cause of symptoms;

has abnormal or irregular vaginal bleeding or a blood-stained discharge; has vulval or vaginal ulcers or blisters; has lower abdominal pain or dysuria. In men, medical advice should be sought if sexual partner does not have thrush; they have penile sores, ulcers or blisters; there is abnormal penile discharge; penis has started to smell; dysuria. Patients should consult their doctor if symptoms have not been relieved within one week. **Side-effects:** Nausea, abdominal pain, diarrhoea and flatulence. Rarely rash, headache, hepatotoxicity and anaphylaxis. **Cost:** £12. **Number:** PL 00010/02B2. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, RG14 1JA. **Legal Category:** P. **Date of Preparation:** February 2003. **References:** 1. Data on file, Bayer UK. 2. Data on file, Bayer UK.

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Canesten®

Mark Greener outlines how genomics and proteomics will impact on pharmacy

Unlocking the secrets of DNA

This year marks the 50th anniversary of Watson and Crick's deduction of DNA's conformation. Nowadays hardly a week goes by without researchers announcing that they've sequenced another organism's genome. They have mapped the genetic sequences of organisms as diverse as humans, mice, fruit flies, yeasts and nematode worms. And the rapid advances in genomic cartography are already aiding the development of the next generation of drugs and improving outcomes in some diseases – most notably cancer.

Over the next few years, genomic advances could usher in a new era of personalised medicine, at least in diseases where an individualised approach is economically viable for pharmaceutical companies as well as healthcare providers and purchasers. The number of 'orphan diseases' will probably rise as knowledge of the genome increases. Indeed, the principles of genomics and proteomics, outlined in this feature, will soon touch the professional and personal life of every pharmacist.

The central dogma

The pace of progress in genomics is remarkable. Watson and Crick's discovery was in 1953.

Researchers first mapped genes to non-sex chromosomes in the late 1960s. Methods to sequence DNA followed in 1975. Two years later, researchers sequenced the first organism, a virus (φ174) of 5,000 nucleotides and 11 genes. The first sequence of a free-living organism eventually followed in 1995,¹ with the draft human sequence in 2001 and the mouse, a key experimental model, in 2002.

Genetic cartography's importance resides in the so-called "central dogma" of molecular biology, defined in 1958 by Francis Crick. Essentially, the

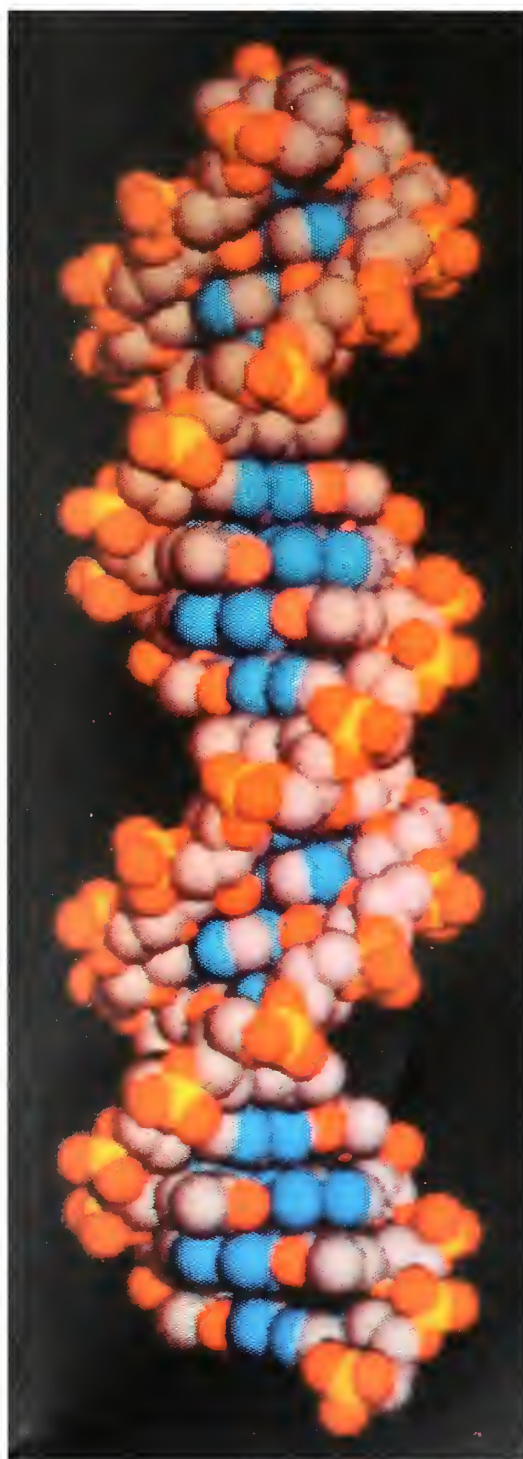
central dogma holds that information flows from DNA to RNA (transcription) to protein (translation). Usually, information flows one way. However some viruses, including HIV, store information as RNA, which specialist enzymes (reverse transcriptases) transcribe into DNA. Reverse transcriptase is a target for some anti-HIV drugs.

DNA and RNA consist of chains of nucleotides. Each sequence of three nucleotides codes for one of the 20 amino acids in humans which join together to yield proteins. After 'post-transcriptional' modification, these proteins form the enzymes, receptors and so on that are the targets for most drugs' actions (see table 1).

Targeting proteins

Increasingly, pharmaceutical companies design drugs to target these proteins specifically. However, this depends on an intimate knowledge of the protein's structure. Considering each amino acid's properties (such as whether it is hydrophobic) offers some insight into the protein's structure. The researchers can also perform crystallography – examining the way a crystal of the protein influences the passage of X-rays, which again depends on the protein structure.

The principle sounds relatively straightforward. But the scale of the project is daunting. Even viruses contain between 1,000 and 100,000 nucleotides; bacteria around a million nucleotides. The human genome contains 3×10^9 base pairs, around 35,000 genes and over four million single nucleotide polymorphisms (SNPs). SNPs – DNA variations in which only a single nucleotide changes – occur every 100–300



Computer graphic of part of the molecule of DNA (deoxyribonucleic acid), showing its twisted double helix structure. DNA is the carrier of the genetic code. Here, spherical atoms in the molecule are colour-coded: phosphate (yellow); oxygen (orange); carbon (pink); nitrogen (blue). The double helix of DNA contains complementary pairs of organic bases at its core: adenine and thymine; cytosine and guanine. It is the sequence of these bases which form the genetic codes of inheritance

Continued on page 20 ►

Dr A Leck, Laboratory of Molecular Biology, Science Photo Library

bases along the human genome. Although the change is subtle, understanding SNPs' role in disease and treatment response is already helping to personalise medicine. SNPs, for example, contribute to genetic differences in drug metabolism, an issue we'll return to.

To complicate matters further, single genes cause very few diseases and gene mutations often come in a multitude of forms. The BRCA1 gene linked to breast cancer shows more than 400 mutations, for example. Furthermore, most genes show incomplete penetrance. In other words, not everyone who expresses that gene develops the disease. Overall, mutations with high penetrance account for fewer than 5 per cent of major cancers and cases of coronary heart disease.

Nevertheless, screening for high penetrance mutations can be clinically useful. For example, the BRCA1 and BRCA2 mutations greatly increase the risk of breast cancer.

High penetrance mutations in the gene encoding the low-density lipoprotein (LDL) receptor dramatically elevate LDL cholesterol and increase the probability of early coronary heart disease.³ Fortunately, the development of genetic screens for these diseases facilitates early intervention.

Furthermore, no-one is a genetic island. A biological response usually depends on genes' interaction with the environment. Our capacity to learn language is genetically determined. But whether we speak English, French or Swahili depends on our environment. Similarly, phenylketonuria is genetically determined, but only manifests under certain environmental conditions – the presence of phenylalanine. So eliminating dietary phenylalanine eliminates the disease.³

Finally, knowing a gene's sequence, and even the protein structure, might not tell us much about the function. Proteins interact with each other to produce the end result and some proteins play a number of roles. Metal ions and co-factors might be essential for normal function.

As a result, researchers are now mapping the proteome – the protein equivalent of the genome – to uncover the molecular mechanisms underlying diseases. Essentially, proteomic analysis (often called functional genomics) quantifies and characterises



Table 1: Molecular targets of drug action (1996 data)

Target	Proportion (%) of total
Receptors	45
Enzymes	28
Hormones and factors	11
Ion channels	5
DNA	2
Nuclear receptors	2
Unknown	7

proteins expressed in a cell at a particular time or under certain conditions. Ultimately, researchers aim to determine the function of all proteins encoded by the genome.

Lab on a chip

Although proteomics and genomics are likely to remain areas of intense study for the foreseeable future, the fruits of that research are beginning to move from the bench to the bedside. The development of micro-arrays played an important part in this. In the arrays, which are similar in size to a microscope slide, fragments of DNA complementary to the gene of interest or small lengths of between 20 and 25 nucleotides (an oligonucleotide) are immobilised on glass or nylon. Fluid containing the patient's DNA,

tagged with a radioactive or fluorescent label, passes along tiny channels. The DNA sticks when there is a complementary match. The more tagged DNA that sticks, the greater the expression of that gene. Using micro-arrays, researchers can measure the expression of many genes simultaneously (expression profiling).²

Already, some clinicians can use micro-arrays to predict therapeutic responses. For example, micro-arrays can characterise gene expression induced or repressed by drugs and other xenobiotics. This allows researchers to define the regulation of gene expression of the various phase I – such as the cytochrome P450 family – and II enzymes.⁴

This ability led to the two new disciplines (pharmacogenetics and

pharmacogenomics) that aim to characterise genetic variations between individuals to predict treatment responses.

Pharmacogenomics identifies loci of interest (that is, position on the chromosome) and possible drug targets. Pharmacogenetics investigates polymorphisms that might affect efficacy or toxicity of the drugs.⁵

Therapeutic outcomes

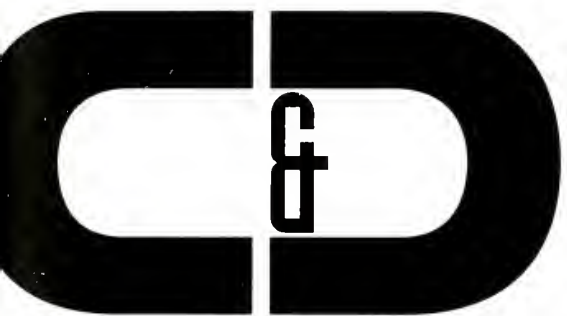
Accumulating pharmacogenetic, pharmacogenomic and clinical evidence suggests that differences in expression of cytochrome P450 2C19 (CYP2C19) largely or partially underlie pharmacokinetic variations in several widely used drugs. The population can be divided into extensive or poor metabolisers of CYP2C19 substrates. Researchers identified eight alleles that seem to be linked to poor metabolism.⁶ Alleles are alternative forms of a gene, such as a mutation, found at the same position in the chromosome. The distribution of these alleles varies across different populations.

Such differences can influence therapeutic outcomes. For example, in extensive metabolisers CYP2C19 eliminates around 80 per cent of the dose of the proton pump inhibitors (PPIs) omeprazole, lansoprazole and pantoprazole. In poor metabolisers, metabolism using CYP3A predominates. As a result, poor metabolisers show greater acid suppression and enhanced healing of duodenal and gastric ulcers compared with extensive metabolisers.⁶

Genetic differences in enzymes other than the cytochromes can also be clinically important. For example, the enzyme thiopurine S-methyltransferase (TPMT) methylates 6-mecaptopurine (used to treat acute leukaemias), forming a less active metabolite. So patients expressing reduced TPMT activity are at increased risk of toxicity, including myelosuppression. Around 11 per cent of leukaemia patients express at least one mutant allele. Furthermore, 0.3 per cent of the patients are homozygous for mutant alleles and are, therefore, at the highest risk of severe myelosuppression. So identifying TPMT deficient patients before treatment allows clinicians to reduce the dose and limit the risk of side effects.⁷

Similarly, around 12 and 31 per

Continued on page 22



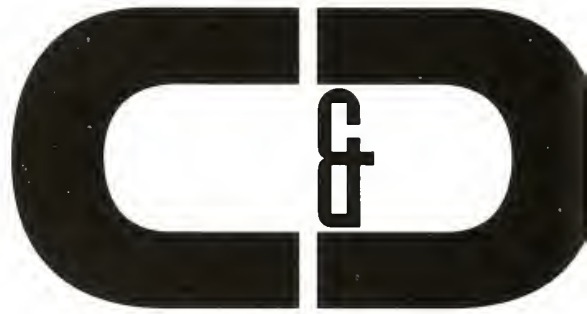
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Number 11: Nifedipine

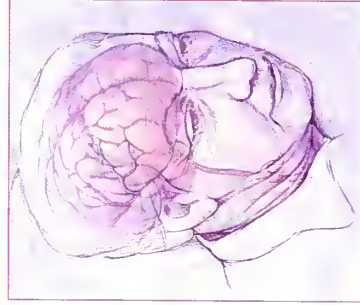
The eleventh in a
series of reference
cards for
pharmacists



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Nifedipine is one of the most frequently prescribed calcium channel blockers within its family. The drug is used both for treatment of hypertension and angina, and is mentioned by name within the National Service Framework for coronary heart disease.



FORMULARY FACTS

Nifedipine

Nifedipine is one of a number of drugs which should be prescribed consistently as regards formulation. Different formulations possess different bioavailabilities which may not be equivalent.

Calcium channel blockers

Calcium channel blockers divide into three groups:

Phenylalkylamines verapamil (angina, hypertension and supraventricular arrhythmias)

Benzthiazepines diltiazem (angina and hypertension)

Dihydropyridines nifedipine, amlodipine, felodipine, nicardipine, nisoldipine (angina and hypertension)

lacidipine, lercanidipine, isradipine (hypertension only)

nimodipine (subarachnoid haemorrhage)

Phenylalkylamines act mainly on myocardium and a little on blood vessels.

Benzthiazepines act equally on both myocardial muscle and blood vessels.

Dihydropyridines act mainly on blood vessels alone.

Dihydropyridine effects

Ankle oedema due to changes in microvasculature. Resistant to diuretic treatment. Not dangerous but may necessitate withdrawal of drug. This appears to be a class effect of dihydropyridines.

Headache due to dilation of small cerebral arterioles.

Dizziness – may indicate postural hypotension. Note additive effects of numerous agents. Refer when symptomatic, especially if causing falls.

Flushing caused by dilation of small arterioles under surface of the skin.

Gastrointestinal – though labelling requires nifedipine to be taken with food (possibly due to irritant effect). GI side-effects may be due to reduced oesophageal sphincter tone (increases reflux).

Administration considerations

The tablets/capsules should be swallowed whole with a glass of liquid.

They will not work properly if crushed or chewed.

Grapefruit and grapefruit juice can affect this medicine. Do your patients eat or drink any of these?

Ankle swelling may occur, particularly if patients sit down for a long time. It is a good idea for patients to rest their feet on a stool if this applies. Patients' GP should be informed if unwanted effects persist or are troublesome.

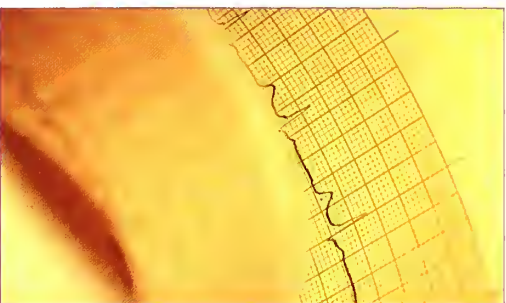
11 FORMULARY FACTS



Nifedipine



The National Service Framework for coronary heart disease states that nifedipine is one of the few calcium channel blockers with morbidity and mortality evidence in CHD. Issues surrounding brand substitution and calcium channel blockers are also explored.



Nifedipine trials

INSIGHT - International Nifedipine GITS Study Intervention as a Goal in Hypertension Treatment (*J Hum Hypertens* 1996).

Three year randomised controlled study with 3,000 high risk hypertensive patients

Nifedipine 30mg-60mg once daily vs amloride plus hydrochlorothiazide

Cardiovascular and cerebrovascular morbidity and mortality were equal for nifedipine and diuretics

Results reveal nifedipine protects renal function of these patients

N-CAP - Nifedipine GITS Circadian Anti-Ischaemia Program (*J Am Coll Cardiol* 1992)

Ten week study in 207 patients with stable angina, suffering four episodes of ischaemia/week (two symptomatic, two not)

Nifedipine started at 30mg daily and titrated up to achieve symptomatic relief

Nifedipine GITS system reduced weekly angina episodes and ischaemic events

Both morning and evening dosing was effective

SPRINT II - Secondary Prevention Reinfarction Israeli Nifedipine Trial II (*Arch Intern Med* 1993)

Six month randomised study (placebo controlled) in 1,000 patients who were evolving acute MI
Nifedipine was titrated up to 60mg daily and started as early as possible in the course of the heart attack

This trial was stopped early due to excess mortality within the treatment group, almost entirely within the first six days

Learning points: question the role of calcium channel blockers post-MI

STONE - Shanghai Trial Of Nifedipine in the Elderly (*J Hypertension* 1996)

30 month study in 1,600 Chinese hypertensive patients

Compared to placebo, nifedipine led to reduction in strokes and severe arrhythmias

Supports current recommendations for use in the elderly

Brand substitution



The BNF recommends avoiding brand substitution of dihydropyridine calcium channel blockers. Immediate release formulations of nifedipine may cause rapid vasodilation and tachycardia. They have no role in the management of hypertension and may worsen ischaemic heart disease. Observed bioavailability of brands varies between 80-125 per cent of each other. Brand substitution is avoided for two reasons: preventing confusion and clinical safety

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cent of patients respectively show profound and partial deficiencies in dihydropyrimidine dehydrogenase (DPD), the rate limiting enzyme for 5-fluorouracil metabolism.⁷ Decreased DPD activity is associated with an increased risk of severe – even potentially fatal – toxicity among patients taking fluorouracil. In one study⁸ 13 per cent of people with normal DPD activity developed severe neutropenia, compared with 55 per cent of patients deficient in this enzyme. The importance of DPD deficiency underscores the value of developing “standardised methods for genetic screening for the presence of this mutation”.

Numerous other examples support genetic polymorphisms’ influence on efficacy or toxicity. Over-expression of dihydrofolate reductase (DHFR) – a trait found in around 16 per cent of acute lymphocytic leukaemia patients – predicts a decreased response to methotrexate.⁷

Polymorphisms in people with schizophrenia seem to be associated with the risks of experiencing weight gain during clozapine treatment and antipsychotic induced tardive dyskinesia.⁵

Responses to angiotensin converting enzyme (ACE) inhibitors vary markedly between patients. ACE activity partially depends on whether a 287-base pair sequence is present or not (a so-called insertion/deletion polymorphism). This polymorphism accounts for 47 per cent of the variation in plasma ACE levels.

Ongoing studies are now determining whether this polymorphism influences ACE inhibitors’ therapeutic effects.⁹ As such, it’s likely that, in a few years time, you will dispense an increasing number of drugs tailored to the patient’s profile of polymorphisms.

Diagnosis

As genomics and proteomics help uncover the molecular causes of disease, they also aid diagnosis and drug development. Researchers used an oligonucleotide array to analyse approximately 12,600 genes in samples taken from early and progressed hepatocellular carcinoma. This revealed a molecular signature of 95 genes that distinguished early hepatocellular carcinoma from non-cancerous liver tissues. Ninety two genes distinguished between progressed and early



The expansion of genomics raises several ethical issues. Should we screen for diseases that cannot be treated or prevented?

hepatocellular carcinoma.

Heat-shock protein 70 (HSP70) was the most abundantly up-regulated gene. (Up-regulation refers to an increased level of expression, so the cell produces more of that protein).

So HSP70 might help discriminate early hepatocellular carcinoma from pre-cancerous lesions or non-cancerous liver. A lack of atypical cells in hepatocellular carcinoma makes this distinction difficult on pathological grounds.¹⁰

Drug development

An increasing number of drugs will be developed using insights derived from genomics and proteomics. Again cancer is an example. Genomic and proteomic analysis allows researchers to identify whether tumours over express specific molecules. Gene expression micro-arrays helped develop drugs targeting heat shock protein (HSP90), known as a “molecular chaperone”. These are proteins that help other proteins fold into their active state. HSP90 modulates the folding, stability and function of several proteins that are mutated or over expressed in common cancers. Clinical and pre-clinical studies assessing drugs blocking HSP90 are now underway.¹¹

Indeed, genomic and proteomic analysis could dramatically increase the diversity of drugs on pharmacists’ shelves. Drews¹² suggests that 1,000 disease genes might be relevant for therapeutic development by pharmaceutical companies. Not all these disease genes offer direct therapeutic targets.

However, many disease genes are linked to between five and 10 physiological or pathological proteins that might offer an alternative target to the gene. Thus, the total number of possible drug targets might lie between 5,000 and 10,000.

Current drugs target a relatively small number of molecular targets. In other words, there are at least 10 times as many more molecular targets than the pharmaceutical sector currently exploits.

Despite these advances, a number of issues remain unresolved. The expansion of genomics raises several ethical issues. Should we screen for diseases that cannot be treated or prevented? Should this information influence insurance payments? How should patients be counselled?

The economics of screening also need investigating. A US estimate suggests that genotyping 100 Asians for CYP2C19 would save around \$5,000. Genotyping Caucasians would not save money, reflecting differences in the mutations’ prevalence. Furthermore, genotyping for common CYP2C19 alleles to define the duration and dosage of PPIs for reflux disease and H pylori infection might be cost effective.⁵ However, further studies with a UK focus are needed.

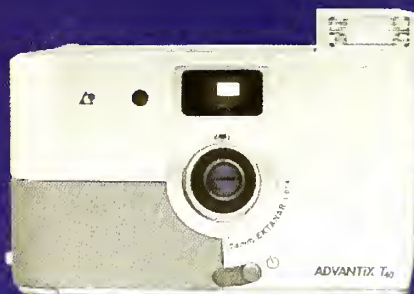
In summary, genomics and proteomics represent an important, indeed critical, advance in our abilities to understand the molecular basis of disease, to diagnose conditions and to target treatment to

patients’ characteristics. Genomics and proteomics will also revolutionise drug development and will soon have an impact on pharmacists’ lives.

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Mark Greener, a former research pharmacologist, now works as a medical writer and journalist. He is the author of numerous articles and several books on health-related issues.



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Steroid inhalers better than LTRAs for monotherapy

Inhaled steroids are more effective than leukotriene-receptor antagonists in treating adults with mild or moderate asthma, according to a study in the *BMJ*.

A systematic review of 13 randomised, controlled trials compared the safety and efficacy of LTRAs with inhaled steroids as monotherapy in adults, although one RCT considered the issue in children.

The main outcome measure was the rate of exacerbations that required treatment with systemic steroids.

Results showed that patients just treated with LTRAs were 60 per cent more likely to suffer an exacerbation requiring systemic steroids. Patients using inhaled steroids also showed more favourable results for forced expiratory volume, peak

expiratory flow rate, nocturnal awakenings, use of rescue beta-agonists, and days without symptoms.

There was no difference in side-effects between the two treatment groups but LTRA-treated patients had a 2.5-fold increased risk of withdrawals due to poor asthma control.

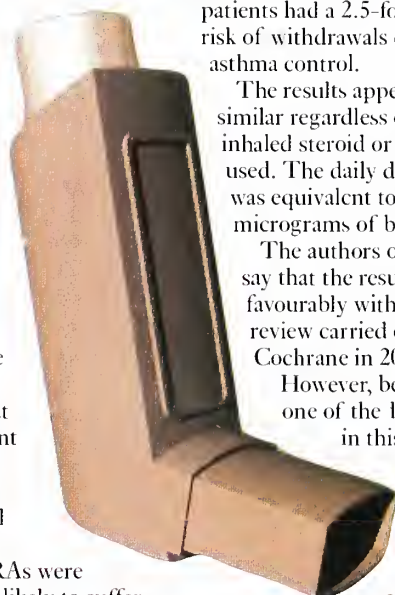
The results appeared to be similar regardless of which inhaled steroid or LTRA was used. The daily dose of steroid was equivalent to 400–450 micrograms of beclomethasone.

The authors of this review say that the results compare favourably with a similar review carried out by Cochrane in 2000.

However, because only one of the 13 trials used in this study was carried out in children there is "insufficient evidence to conclude on the efficacy of LTRAs in children".

BMJ, 2003; 326: 621–3

For more information:
www.bmj.com



Adrenaline pens usage questioned for kids

Careful epidemiological research is required to clarify which children need an injectable form of adrenaline to treat anaphylaxis, according to the latest review in the *Drug and Therapeutics Bulletin*.

There is very little published evidence on which to base the recommendations for prescribing adrenaline pens but, on the basis of evidence relating to food allergy, the *DTB* says they should be prescribed for a child:

- with an allergy who has previously had a severe allergic reaction;
- who had respiratory symptoms in a previous allergic reaction
- who has had any allergic reaction and has asthma requiring

regular inhaled corticosteroid therapy

● who has had an allergic reaction on exposure to only a trace amount of allergen.

However, the role of injectable adrenaline in managing severe allergic reactions should not be considered in isolation but rather as part of a package in which allergen avoidance is the mainstay, according to the March issue of the *DTB*.

"Such a package is best provided by a specialist allergy clinic or a GP trained in allergy management," it concludes. *DTB*, Vol 41, No 3, March 2003

For more information:
www.which.net

Antibiotic use may reduce rate of miscarriage

Treating pregnant women with an antibiotic could help to reduce the rate of miscarriage and premature birth, a study in *The Lancet* has found.

Mild bacterial vaginal infection, which is often asymptomatic, is associated with an increased risk of late miscarriage and spontaneous

pre-term delivery in pregnant women.

More than 6,000 women of 12–22 weeks gestation, attending St George's Hospital London, were screened for abnormal vaginal flora or bacterial vaginosis.

The 500 women who screened positively were randomised to receive 300mg clindamycin, or

placebo, twice daily for five days.

Women who received the antibiotic had 10 per cent fewer miscarriages or preterm deliveries than the placebo group.

Dr Austin Ugwumadu of St George's Hospital said: "The optimum time to screen and treat is as yet unknown and in view of our present knowledge

could well be pre-pregnancy.

"The characteristics of the women in our population might differ from those in other parts of the world and thus our study needs replication in other settings."

Lancet, 2003; 361: 983–88

For more information:
www.lancet.com

Scriptlines

AstraZeneca launches statin

AstraZeneca has launched a statin for the treatment of hypercholesterolaemia this week.

Crestor, which is available as 10mg, 20mg and 40mg tablets, is indicated for primary, mixed and homozygous familial hypercholesterolaemia.

The recommended starting

dose is 10mg once daily at any time of the day, with or without food. The majority of patients will be controlled at this dose, says the company.

Contraindications for Crestor use include concomitant cyclosporin use, patients with myopathy and in women of childbearing potential who are not using appropriate contraceptive measures.

Common undesirable effects include headache, dizziness, constipation, nausea, abdominal pain, myalgia and asthenia.

Price: £18.03 (10mg), £29.69 (20mg and 40mg)

Pack Size: 28 tablets

Pip code: 293-5609 (10mg), 293-5617 (20mg), 293-5625 (40mg)

AstraZeneca

Tel: 01582 836000

Zirtek 7s not on FP10

Following cetirizine's recent reclassification from POM to P, UCB Pharma says that only the 14 and 30 tablet packs of Zirtek Allergy can be dispensed against prescriptions for Zirtek tablets. The seven-tablet pack size is not available on the NHS, says UCB Pharma.

Market leader understands what motivates a purchase

Calpol sums up –

Years of understanding children's medicine needs has made **Calpol®** the must-have medication for parents with young children and the number one children's analgesic brand¹, accounting for two thirds of the UK market.

With the recent launch of **Calprofen®** (100 mg ibuprofen / 5 ml) – combined with Calpol's effective paracetamol variants, the makers of Calpol offer pharmacists and parents the widest available range of products to treat children's pain and fever.

Pharmacists can capitalise on the profit potential presented by tried and trusted brands such as Calpol by giving careful thought to what motivates parents to purchase. Here are some tips:

Understanding the Needs of Parents

● Parents will purchase a children's medicine in response to a particular illness or symptom such as coughs, colds, pain and fever, skin conditions, parasites, tummy upsets and allergies.

Pharmacists can greatly assist staff and parents by having a specific children's section in-store.

● There are certain product credentials that parents look for and it is worth bearing this in mind when considering which products to stock and where to position them.

Clearly, parents are seeking proven efficacy but recommendation

(both word of mouth and health professional), familiarity and convenience are also extremely important. Positioning market-leading brands such as Calpol prominently, will

maximise pharmacy business and raise overall category awareness in-store.

● Compliance is key to providing effective relief as parents need to be able to administer medication with the minimum of fuss.

Calpol's familiar and appealing strawberry flavour is evident in new Calprofen and in a taste test, children

ranked the flavour of Calprofen above other ibuprofen medicines².

● Given the wide range of products available, the advice of pharmacy staff can add significant value to customers.

This will leave a lasting impression and encourage repeat purchase. For example, when recommending a Calpol product, it is important to establish the relevant age-range (Infant or Six Plus), desired format (suspension or Fastmelt - melt-in-the-mouth tablets) and presentation (bottle or pre-filled sachet).

Monitoring Trends in the Market

Understanding category trends can offer pharmacists key insights into how to maximise profit potential and continue to respond to customer needs. For example in the pain and fever category:

Paracetamol, due to its well-established safety profile, remains health professional's first-line recommendation for childhood pain and fever³.

Ibuprofen is also an effective treatment but is considered second line therapy due to its less established safety profile and potential for side effects⁴.

The growth in ibuprofen usage is being driven by healthcare professional recommendations and GP prescribing and **as many as 81% of GPs recommend co-medication using paracetamol and ibuprofen** to provide continuing relief in cases of severe pain and high fever⁴. This

trend is reflected in a shift in parents' purchasing habits, making Calpol and Calprofen together a significant pharmacy profit opportunity.

Calpol and Calprofen are registered trademarks of Pfizer Consumer Healthcare. References: 1. IRI MAT Dec 2002. 2. Data on file (Pfizer 2002). 3. Luthan C, Jacqz-Aigran E. Risks and benefits of Non-steroidal anti-inflammatory drugs in children. Paediatric Drugs 2001; 3(11): 817-858.

FACTS AND FIGURES

(IRI MAT Dec 02)

● Overall paediatric analgesic market = £48.8 million

● Pharmacy market = £34.5 million

● Calpol's value share = 63%

Product Information. Calprofen Presentation: Suspension containing 100mg ibuprofen per 5ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic. **Dosage:** Infants 6 - 12 months: 2.5 ml three times a day; Children 1 - 2 years: 2.5 ml three to four times a day; Children 3 - 7 years: 5 ml three to four times a day; Children 8 - 12 years: 10 ml three to four times a day. Not recommended for children weighing less than 7 kg. **Contra-indications:** Hypersensitivity to ibuprofen. Patients with history of peptic ulceration. Patients in whom ibuprofen, aspirin or other NSAID's induce symptoms of asthma, rhinitis or urticaria. **Precautions:** Caution in severe hepatic or renal dysfunction or heart failure. Caution in patients with coagulation defects. **Side and adverse effects:** GI disturbances, occasionally gastric ulceration RSP (Ex VAT): £2.97. **Legal category:** P. **PL Holder:** Pinewood Laboratories Ltd, Ballymacarbery, Clonmel, Co. Tipperary, Ireland. **PL number:** 04917/0044 **Date of preparation:** November 2002

Calpol Infant and 6+ Suspensions Presentation: Calpol Infant Suspension and Calpol Infant Sugar-Free Suspension contain 120mg Paracetamol per 5ml. Calpol 6+ Suspension and Calpol 6+ Sugar-Free Suspension contain 250mg Paracetamol per 5ml. **Uses:** Treatment of mild to moderate pain (inc teething pain) and as an antipyretic. **Dosage:** Repeat dose every 4 hours if necessary, up to a max of 4 doses in 24 hours. 6+ Suspension and 6+ Sugar-Free Suspension: Children 6-12 years: 5-10ml; 12 years and over: 10-20ml under 6 years: not recommended. Infant Suspension and Sugar-Free Infant Suspension: Children 1-6 years: 5-10ml; 3 months-1 year: 2.5-5ml; infants under 3 months: A single 2.5ml dose for fever following vaccination at 2 months. A second dose may be given if necessary after 4-6 hours. In other cases speak to a doctor. In other cases, use only under medical supervision. **Contra-indications:** Hypersensitivity to paracetamol. **Precautions:** Caution in severe hepatic or renal dysfunction. **Side and adverse effects:** Rarely skin rash and other allergic reactions. **Price (Ex VAT):** Infant Suspension: 70ml, £1.61, 140ml, £2.88, 10 x 5ml sachets, £2.27. 6+ Suspension: 100ml, £3.39. **Legal category:** 70, 100 and 140ml bottles; P. Sachets: GSL. **PL holder:** Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 32Q. **PL numbers:** Calpol Infant Suspension: 15513/0004. Calpol Infant Suspension Sugar Free: 15513/0006. Calpol 6+ Suspension: 15513/0002. Calpol 6+ Suspension Sugar Free Colour Free: 15513/0003. **Date of preparation:** July 2002



Calpol contains paracetamol.

Calprofen contains ibuprofen.

Natural way to tackle pain head on

A natural headache treatment for topical application to the forehead is being launched by Diomed Developments.

4head contains 100 per cent natural levomenthol in a retractable tube and is applied by gliding the dispenser across the forehead.

The manufacturers say the product can help relieve tension type headaches.

The action of levomenthol is thought to relax local blood vessels, causing a sensation of coldness, followed by an analgesic effect. The product can be applied as required and is suitable for adults and children.

Direct application can help to avoid any gastrointestinal side effects associated with some oral analgesics.

The launch will be supported by a £1.5 million campaign with



advertising on TV and in national newspapers. Point-of-sale material includes shelf edgers and window cards.

● Data from TGI shows that tension headaches account for 75 per cent of all headaches

suffered by adults in the UK.

Price: £5.95
Pack Size: 3.6g (over 100 applications)
Pip code: 291-2988
Distributor: DDD Ltd.
Tel: 01923 229251

Nurofen targets migraine

Crookes Healthcare is launching a Nurofen product designed to relieve migraine headaches.

Nurofen Migraine Pain tablets contain ibuprofen lysine which is absorbed faster than the regular ibuprofen in Nurofen. Each tablet contains 200mg ibuprofen (as ibuprofen lysine).

Initial dose is one or two tablets for adults and children over 12 years, then if necessary, one or two tablets every four hours.

The tablets are not recommended for children under 12 years of age.

● Around 7 million people in the UK suffer with headaches says The Advertising Association.

Price: £2.99
Pack Size: 12 tablets
Pip code: 293-7225
Crookes Healthcare Ltd.
Tel: 0115 953 9922



Fresh look for Kwells

Roche Consumer Health is introducing a new look for Kwells and Kwells Kids travel sickness remedies.

The eye-catching new packaging incorporates a metallic effect to provide a striking, modern look.

Kwells is suitable for adults and children over 10 years old.

Junior Kwells, which is suitable for children aged 4-10 years old, will be renamed as Kwells Kids from October.

Price: £2.25
Pack Size: 12 tablets
Pip code: Kwells 015-1001, Kwells Junior 031-3288
Roche Consumer Health
Tel: 01707 366000

Zirtek offers an OTC solution for kids

UCB Pharma is introducing Zirtek Solution in a 75ml bottle into the Zirtek Allergy range.

Zirtek Allergy Solution is a 'P' product containing cetirizine 1mg/ml which is targeted at children over the age of two.

It is formulated to control allergy symptoms, helping children obtain quick relief from hayfever or pet, dust or skin allergy.

The product has a pleasant tasting banana flavour and a sugar-free and non-sedating formulation.

Once daily dosage is 5ml for children aged two to five and 10ml

for children aged six to eleven.

The launch will be supported by a women's press advertising campaign which is targeted at mothers.

The advertising is part of a £1 million campaign for the Zirtek Allergy brand during May and June.

The campaign will also include TV and radio advertising.

Price: £5.99
Pack Size: 75ml
Pip code: 293-5278
UCB Pharma Ltd.
Tel: 01923 211811



Family is getting plastered with Savlon



Novartis Consumer Health is launching a new range of Savlon plasters and dressings to suit the whole family.

Featuring the 'Savlon makes it better' logo, the new range includes blister, waterproof and fabric plasters.

The blister plasters contain tea tree oil which helps prevent the plaster from drying out, while the fabric and waterproof plasters have an antiseptic pad to kill

germs and help prevent infection.

The hydrocolloid dressings are designed for cuts, blisters and minor burns, while the alginate dressings are highly absorbent and help stem bleeding from lightly weeping or bleeding wounds.

Price: Waterproof and Fabric Plasters (20s) £2.29, Blister Plasters (5s) £3.59, Alginate and Hydrocolloid Dressings (5s) £4.29

Novartis Consumer Health
Tel: 01403 218111

Kill two birds with one tube.

DESCRIPTION AND INFORMATION.

E45 ITCH RELIEF CREAM contains Lauromacrogols 10.0 % w/w and Urea 5.0 % w/w. **Indications:** For the treatment of pruritus, eczema, dermatitis, and scaling skin conditions where an antipruritic and/or hydrating effect is required. It may also be used for the continued treatment and follow-up treatment of these skin diseases. **Dosage and administration:** Adults, the elderly and children. E45 Itch Relief Cream should be applied to each affected area twice a day. The duration of treatment depends on the clinical response.

Contraindications: Patients with known hypersensitivity to any of the ingredients. It should not be used to treat acute erythroderma, acute inflammatory, oozing or infected skin lesions.

Special warnings and precautions for use: E45 Itch Relief Cream may cause irritation if applied to broken or inflamed skin. **Pregnancy and lactation:** There are no specific restrictions concerning use during pregnancy. It is not to be used on the breasts immediately prior to breast-feeding during lactation. **Side effects:** E45 Itch Relief Cream has been reported to cause burning sensation, erythema, pruritus or the formation of pustules. Contact allergy has also been reported. **Product licence number:** PL 327/0122. **Licence holder:** Crookes Healthcare Limited, Nottingham NG2 3AA

Legal category: General Sales List (GSL) **MRRP:** 29 - 50g, £5.29 - 100g, £9.99

Date of Preparation: February 2003 **ICSK03-6**

Itch Relief Cream

Lauromacrogols, urea

DERMATOLOGICAL



there's one thing people with dry, itchy skin need, it's two things. E45 Itch Relief Cream offers both. Lauromacrogols have a local anaesthetic effect to relieve the itch and urea moisturises the skin. What could be more simple? **It's an easy way to manage eczema patients.**

What a Capital idea



Sun Screen Spray SPF40/UVA18 is being launched into Vichy's Capital Soleil suncare range in pharmacies.

The very high protection product incorporates Mexoryl XL sun filter to protect against the harmful effects of both UVA and UVB rays.

Presented in a pump-action spray, the product is hypo-allergenic and is suitable for both adults and children with sensitive skin.

Price: £12.00

Pack size: 125ml

Pip code: 293-8181

Cosmetique Active (UK) Ltd.

Tel: 020 8762 4030

Free Oilatum lotion

From June, packs of Oilatum Bath Formula will carry a free sample of Stiefel Laboratories' new Oilatum Lotion.

An emollient lotion based on the same formulation as the bath formula, the new product is designed for use between baths to

keep moisture levels topped up and soften dry skin.

Oilatum Lotion can also be used on eczema.

Price £5.25

Pack size 200ml

Stiefel Laboratories

Tel: 01628 524966

Vichy smoothes way for over 20s

Vichy's Normaderm range is being relaunched following new research into skin imperfections in women aged over 20.

Aimed particularly at women aged between 20 and 30, Normaderm incorporates Vichy's Zincadone A which incorporates glycolic acid, glycadone and dermostim.

Vichy says its research, carried out in conjunction with leading dermatologists, shows that skin imperfections in those aged over 20 are often different in manifestation and cause to teenage skin problems.

The Normaderm range comprises Deep Cleansing Gel for Clear Skin (200ml), Anti-Imperfection Hydrating Care (50ml)



and Drying Concealing Anti-Imperfection Stick (0.25g).

Price: Deep Cleansing Gel £7.50, (pip code 294-5640); Hydrating Care £9.00 (pip code 294-5707); Treatment Stick £5.00 (pip code 294-5731)

Cosmetique Active (UK) Ltd.

Tel: 020 8762 4030

Health on the run

The maker of athlete's foot treatment Daktrin, Johnson & Johnson MSD Consumer Pharmaceuticals, is supporting this year's Flora London Marathon on April 13 and World Foot Health Awareness Month (May).

In a move to strengthen its educational message, the company has produced a new Daktrin leaflet, *Stay a Step Ahead*

of *Athlete's Foot and Sweat Rash*, targeting the marathon's 37,000 runners.

And to mark World Foot Health Awareness Month, Johnson & Johnson has teamed up with The Society of Chiropodists and Podiatrists to offer free foot checks across the UK.

For more information:

www.feetforlife.org

Elastoplast steps out

Beiersdorf is extending the Elastoplast range with a line-up of skin healing products to help treat common foot problems.

Elastoplast Footcare features Blister Plasters designed to protect and reduce pain caused by blisters by keeping the blister in its natural wound environment.

Made from new hydrocolloid technology, the transparent plasters (in two sizes) absorb and

hold fluid, speeding up the healing process.

The range also includes Corn Plasters, Elastoplast Bunion, Corn Relief Pads, Refreshing Deodorant for Feet Spray and Moisturising Footcream.

Price: From £3.25 for Corn Plasters (10) to £4.89 for Blister Plasters (large 6s and small 8s)

Beiersdorf UK Ltd.

Tel: 0121 329 8800

Think big with Wet Ones

Jeyes is adding a large sized pack of wet wipes to the Wet Ones range. The family pack has been developed to provide larger, stronger and softer wipes for use in the home and for travel.

Although primarily hand wipes,

they can also be used for cleaning up small spillages and accidents.

Price: £1.99

Pack Size: 40 wipes

Pip code: 294-0450

Jeyes UK Ltd.

Tel: 01842 754567

PRODUCT RECALL

Crookes Healthcare Ltd announces the recall of **E45 Sun Block SPF 50 (150ml) LOT 1LL** due to reports of separation of the product. Stockists are advised to check stock and return only products marked as SPF 50 LOT 1LL with a Use Before date of 03/2004. This recall applies only to this particular batch of E45 Sun Block SPF 50; other batch codes and other E45 Sun products are not affected.

The lot number is clearly marked on the base of the product as well as on the label of shrink-wrapped packs of six. Stockists of these products will be reimbursed when stocks are returned through the normal sources of supply.

Crookes Healthcare Ltd would like to apologise in advance for any inconvenience caused by this action which has been taken to ensure the Company maintains the high product standards that consumers have come to expect and trust.

All trade enquiries can be directed via **FreePhone 0800 9150519** during normal office hours or your normal Crookes Healthcare Ltd representative.



Introducing the Latest Technology in Diabetes

PIP Code 272-9945



GlucoMen Glyco
RRP £16.95

Who Are Menarini Diagnostics?

- Menarini are the UK Market Leader in laboratory testing for Diabetes
- Menarini have distributed GlucoMen blood glucose meters in the market via Diabetes clinics for 2 years
- Menarini sell over 1 million blood glucose strips a day throughout Europe
- Menarini are now offering a Special Introductory Price for the GlucoMen product range

Special Introductory Offer To Pharmacies

Buy 1 GlucoMen PC for £13 + Get 1 GlucoMen Glyco FREE

Margin 63.6%

Initial Outlay £13 + VAT

Turnover £35.71 + VAT

Margin £22.71 = 63.6%

Also

Win a Weekend break for two in Florence*

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An opportunity to win a weekend break for two in Florence

Patient Educational leaflets to support the Pharmacist's advice

Advertising in all UK Diabetes Publications



GlucoMen PC
RRP £25.00

£13
(trade price) £20



PIP Code 272-3698

www.menarinidiag.co.uk

UK: 0800 085 2204

Ireland: 1800 509 151

Harfedale Road, Winnersh, Wokingham, Berkshire, RG41 5RA



Taking control of facial oil and shine

Adams Healthcare calls its OC Eight an 'oil control genius', saying it puts the user in control of facial shine.

The product is formulated to continually absorb excess oil for up to eight hours.

Available in pharmacies from April, OC Eight is designed to be used as part of a daily skincare routine after cleansing and toning.

It has a light moisturising base, works as a foundation for make-up and is non-comedogenic.

Price: £9.99

Pack size: 45g

Pip code: 292-1245

Adams Healthcare

Tel: 0113 232 0066



OIL CONTROL
GENIUS

*A breakthrough
in skin care that puts you
in control of oil and shine.*

Campaign is breath of fresh air for Listerine

A £5 million marketing package is supporting the recent launch of Pfizer Consumer Healthcare's Listerine Actives breath freshening strips.

An extensive sampling programme, TV advertising campaign and POS initiatives are all part of the package. 'Hit squads' will start pushing samples at a variety of venues including health clubs and the London

Marathon. A further four million samples will be distributed via key magazine titles.

The advertising campaign, which runs until the middle of April, is being shown on Channels 4 and 5 in the London region and carries the strapline 'Instant Freshness, Lasting Protection'.

For more information:

Pfizer Consumer Healthcare
Tel: 023 8064 1400

Duracell goes for colour

Duracell has introduced colour coding on all battery sizes, to reduce consumer confusion.

Research shows that over one fifth of consumers who plan to buy batteries, go away empty handed because they are not sure which one they need at point of sale (although they may return later after checking).

This lack of understanding can mean customers spending up to one minute trying to find their way round the battery fixture, reducing the time they may spend elsewhere in the store.

Colour on the negative end of the battery is carried through on to new packaging and POS displays. The AA size is yellow, AAA green, C red, D purple and 9V blue. The

colours have been selected on the advice of psychologist Dr Aric Sigman.

Duracell is talking to appliance manufacturers about having colour coding on appliances to match the batteries needed.

Until then, Duracell has produced coloured stickers for battery compartments.

New poster and television advertising will support Duracell Solutions in the peak periods of June/July and November/December.

Duracell Plus and M3 are now 10 per cent longer lasting for no increase in price.

For further information:

Duracell (UK) Ltd
Tel: 020 8560 1234

Holistic approach for Panadol

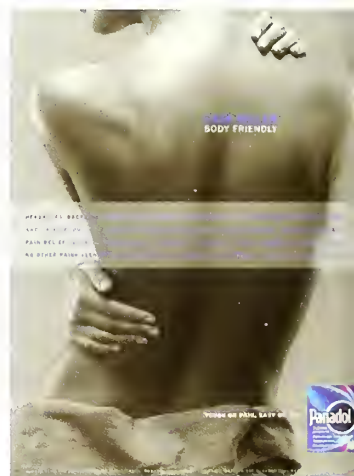
Backing for the Panadol range is being stepped up this year with GlaxoSmithKline Consumer Healthcare investing £2.8 million in a national press campaign for the brand until June.

Three new advertisements with a holistic feel have been created to mark a new approach for the brand.

Targeting 25-45 year old women, the campaign emphasises efficacy and features the strapline 'Tough on pain easy on you'.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700



Alocclair contact number

The correct telephone number to use to obtain further information about Alocclair liquid for mouth ulcers (C&D Mar 8, p 30) is as

follows:

For more information:

Forest Laboratories UK
Tel: 01322 550550

TVnext week

Arm & Hammer toothpaste: All areas

Bonjela: C4, C5, Sat

Califig: C4

Calpol: All areas except U

Listerine Actives: LWT, CAR, C4, C5

Nivea for Men Revitalising Q10: All areas

Nivea Hand Q10 Plus: All areas

Nivea Visage Q10: All areas

Oxy: All areas except Sat

Panadol ActiFast: U

PoliGrip: All areas except U, CTV

Ribena: All areas except U, CTV

Sensodyne Total Care: All areas except U, CTV, GMTV

Solpadeine: U

Syndol: All areas

Tena lady & Tena pants Discreet: All areas except U, GMTV

PharmaSite for next week: Zantac - window, Zantac - In-store, Canesten Care - Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Avent launches baby skin cream

Avent is adding three new products to its skincare ranges for mothers and babies.

All-in-1 MagicCream for babies can be used all over the face and body to moisturise, soothe dry patches and help prevent and heal rashes.

Ingredients include milk proteins, shea butter, allantoin, calendula and chamomile.

Future Mother Sleep-Easy essence is formulated to soothe mums-to-be into a more restful sleep and help relieve nausea.

The product is a blend of essential oils specially combined in concentrations safe for inhalation

during pregnancy. It contains ylang ylang, patchouli, chamomile and lavender and peppermint.

Soothing Nipple Cream is designed to moisturise, protect and heal the nipples. It contains medilan (a pure, medical grade lanolin), aloe vera and coconut oil. The cream

contains no added colouring, preservative or perfume. It is low odour and taste-free so there is no need to remove for breastfeeding. Price: All-in-1 MagicCream £4.99, Sleep-Easy Essence £5.99, Soothing Nipple Cream £4.99

Avent
Tel: 01787 267000

Menopause supplements go through the 'change'

Lichtwer Pharma is introducing a new look for herbal menopause supplements Kira Black Cohosh and Aria Soya Isoflavones.

The company says herbal products are becoming an increasingly popular alternative to HRT amongst women seeking a more natural approach to the menopause.

Kira Black Cohosh is believed to help regulate body temperature. It is not contraindicated and Lichtwer Pharma says it can therefore be taken safely with HRT.

Aria Soya Isoflavones contains 50mg of concentrated soya isoflavones, the recommended

level for helping a woman's hormonal balance. Each tablet also provides B vitamins, calcium and folic acid.

Price: Kira Black Cohosh £9.99, Aria Soya Isoflavones £12.99

Pack size: 30
Chemist Brokers
Tel: 02392 222500



More exposure planned for Syndol.

Great news! Syndol is back on TV and this time it's going to be bigger than ever. Our extremely memorable TV ad cleverly positions Syndol as a fast acting painkiller with an extra ingredient that eases tense muscles. Our recent £700,000 campaign increased sales by up to 92%! Now we have a new £2.5 million national campaign starting March 31st, so you can expect even bigger demand. Make sure you're ready, stock up on Syndol now.

Contact your SSL representative for further information about Syndol and Point of Sale support material available.

SSL International plc

Syndol is a trade mark of Aventis. Always read the label. ¹Multiple pharmacy - Central Region EPOS - peak weekly uplift on Syndol 10's.

Syndol with added ahhh

Syndol Product Information. Presentation: Each tablet contains the following active ingredients: Paracetamol BP 450mg, Codeine Phosphate BP 10mg, Doxylamine Succinate NF 5mg, Caffeine BP 30mg. **Indications:** For the treatment of mild pain to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction or tension headache, migraine, neuralgia, toothache, sore throat, dysmenorrhoea, muscular and rheumatic aches and pains and post operative analgesia following surgical or dental procedures. **Warnings:** Caution is advised when administering this medicine to patients with impaired kidney or liver or any other abdominal complaints. **Overdose:** Immediate action should be sought in the event of an overdose even if the patient feels fine, because of the risk of delayed, serious liver damage. **Legal Status:** P. Further information is available on request from the licence holder. **Product Licence Holder:** Seton Products Ltd, Tubiton House, Oldham OL1 3HS.

Preparing for review

In the first of two articles Rallat Onatade, former review manager at the Commission for Health Improvement, looks at clinical governance reviews of primary care trusts and the implications for community pharmacists

The Commission for Health Improvement (CHI) is the authoritative voice on the state of the NHS in England and Wales. It is a non-departmental public body established under the 1999 Health Act.

CHI uses an inspection programme to bring about demonstrable improvement in the quality of NHS patient care. CHI was established following recent major health service failures which led to: a reduction of public confidence in the NHS; the acknowledgement of variations in performance between NHS organisations; and the need for the focus to shift to looking at the quality of patient care and not just the cost.

In 2004, CHI will become part of the new Commission for Healthcare Audit and Inspection (CHAI). Subject to legislation, CHAI will bring together inspection of both the private and independent healthcare sectors. It will comprise all of CHI's functions, some of the work of the Audit Commission, the healthcare work carried out by the National Care Standards Commission, the Mental Health Act Commission, and will have a role in the complaints process.

There are four primary roles for CHI:

- scrutinising the clinical governance arrangements in NHS organisations in England and Wales (routine inspections)
- conducting investigations into systems failures
- systematic reviews of National Service Framework and NICE Guidance implementation (carried out jointly with the Audit Commission)
- disseminating good practice in clinical governance.

This article will focus on clinical governance (CG) reviews of PCTs, and what they mean for community pharmacists.

A CHI clinical governance review is an



independent assessment of systems and processes to assure quality of care. It identifies best or notable practice and areas for improvement.

By the end of February 2003, CHI had published more than 245 reports, eight of which were of PCTs. These were the pilot reviews that took place in the first half of 2002. Since then a thorough evaluation of the PCT reviews has taken place. A seminar was held for key stakeholders including experts, patient organisations, representative bodies and primary care professionals.

CHI has continued to update and refine its methods in consultation with the NPA, NPC,

RPSGB and various private sector groups. In 2003, the main focus of CG reviews will be primary care.

What is CHI reviewing in primary care?

CHI reviews the clinical governance arrangements that are in place at PCT level to ensure patients receive good quality care. The methods for reviewing PCTs focus on the patient experience, strategic management capacity, health improvement and securing service delivery, together with the seven technical components of clinical governance (see box above right).

Community pharmacies are not currently required by their terms of service to participate in local clinical governance arrangements. The Government has said that this will be one of the issues to be addressed when the national contractual framework is modernised. However the principles of clinical governance apply to all community pharmacists.

So what does a clinical governance review mean for a community pharmacist? CHI needs to identify the amount of support the PCT gives to contractors. To determine this, CHI compares the evidence that the PCT provides

Six key principles underpinning all CHI's work:

- The patient's experience is at the heart of CHI's work
- CHI will be independent, rigorous and fair
- CHI's approach is developmental and will support the NHS in continuous improvement
- CHI's work is based on the best available evidence and focuses on improvement
- CHI will be open and accessible
- CHI will apply the same standards of continuous improvement to itself that it expects of others

Examples of questions from the community pharmacy questionnaire

- Have you conducted a baseline assessment of clinical governance in your pharmacy?
- Do you have systems for recording and reporting dispensing errors?
- When locum pharmacists work in your pharmacy, do they undergo an induction process and do they have access to written information about policies and procedures in your pharmacy?
- Does your pharmacy actively encourage patient comment and feedback on your services?
- Do you have access to a pharmaceutical advisor (or similar resource) at the PCT?
- How much support do you feel your PCT has offered your pharmacy (in the seven components of clinical governance)?

The full questionnaire can be found at www.chi.nhs.uk/eng/cgr/pct/

with the perspective and experiences of frontline professionals and staff, including community pharmacists. All community pharmacies within the PCT area being reviewed receive a questionnaire. Occasionally, reviewers may decide to visit a small sample of pharmacies to test or clarify information provided by the PCT. A pharmacy's clinical governance arrangements may be analysed to help CHI identify the development of clinical governance across the PCT area.

The review is also an opportunity for community pharmacists to comment on local arrangements and issues and to share information about good and innovative practice with the PCT and the wider NHS. While some of these findings may appear in the final report, individual pharmacies are not mentioned. Interviews and visits are always conducted by arrangement.

Process of the review: A CG review can be conveniently divided into four phases. This article describes the first 'pre visit phase' phase.

Phase One – 12 weeks: CHI requests information and data from the PCT and contractors, which is returned to CHI within the three-month period.

Information that is gathered during this phase includes:

- a postal questionnaire of all independent contractors for self completion (see box for examples of pharmacy questions). This is used to help CHI identify both the support provided by the PCT to pharmacies and the clinical governance arrangements at pharmacy level.

The PCT will only see aggregated results.

Before the questionnaire, letters are sent to local professional committees informing them the review has started, inviting them to participate by meeting with the CHI review manager and asking them to encourage members to complete the questionnaire.

- information relating to pharmacy – a list of all community pharmacies in the area with full postal and email addresses, the PCT strategy and plan for pharmacy services and the latest report of the local pharmaceutical advisor.

- a PCT questionnaire allowing the PCT being assessed to give detailed information about the organisation. There are core questions for all PCTs. About a quarter of trusts will have extra questions on diversity. And where a PCT includes one or more community hospitals, additional questions will reflect that.

- a staff survey for people directly employed by the PCT. A proportion of staff to be surveyed is randomly sampled, depending on total staff numbers. The possibility of extending the staff survey to independent contractors is currently being explored. The staff survey is completely anonymous.

The next article will describe the middle and final stages and answer some frequently asked questions. ☺

At the time of writing this article, Rahat Onatade was a review manager at the Commission for Health Improvement. She is now deputy chief pharmacist, clinical support at St Mary's Hospital, Paddington, London.

Examples of clinical governance activities in community pharmacy

There are seven technical components of clinical governance:

- patient, service user, carer and public involvement – eg involving patients, users and carers in monitoring and auditing services, patient counselling, customer surveys, written information for patients (such as practice leaflets), complaints handling processes
- risk management – eg medicines management, written procedures and protocols to manage risks (such as dispensing procedures, medicines delivery, waste disposal, dispensing errors, checking expiry dates, oxygen delivery)
- clinical audit – eg medication reviews, recording and monitoring contributions to clinical care
- staffing and staff management – eg staff appraisal, induction for locums
- education, training and CPD – eg staff personal development plans and CPD
- clinical effectiveness – eg prescribing advice, contributing to the implementation of relevant aspects of NICE guidelines and National Service Frameworks
- use of information to support clinical governance and healthcare delivery – eg use of PMRs (including patient confidentiality), internet access, inclusion of community pharmacists in the information strategy.

Joined up thinking brings rich rewards.

1550 members strong, Numark is taking a lead in supporting the case for the future of independent community pharmacy.

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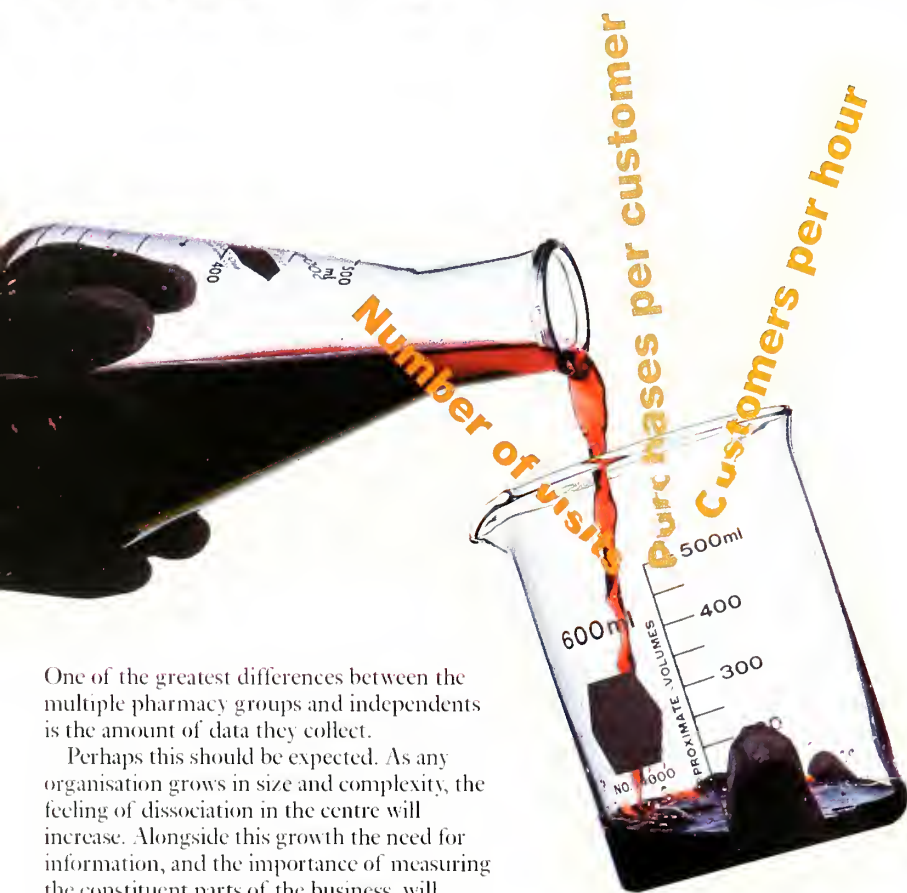
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If you'd like to know more about the rewards and the peace of mind that a little joined up thinking can bring, call Lis or Amanda on 01827 841200 and ask for a membership pack.



NUMARK PHARMACISTS
TOGETHER WE'RE STRONGER

Measuring up



One of the greatest differences between the multiple pharmacy groups and independents is the amount of data they collect.

Perhaps this should be expected. As any organisation grows in size and complexity, the feeling of dissociation in the centre will increase. Alongside this growth the need for information, and the importance of measuring the constituent parts of the business, will necessarily also become greater.

Getting the correct balance for the amount of data collection, which may traditionally have been seen as an irksome extra task for branches, is now much simpler and can only become easier still as pharmacy software develops. The information collected can be used to give an objective view of all aspects of branch performance and, quite separately, a relative view of inter-branch performance.

The need to collect information raises fundamental questions about how stock and staff tasks are classified and encourages a thorough appraisal of all working practices.

In our company we are fortunate to have always had an interest in data but, as the need to collect information grows, it is vital to the process that everything is defined carefully.

While we may all be able to agree on the meaning of a term such as 'rent', others, such as 'counter stock' and 'dispensary staff', are not absolutes. The task of accurately measuring what is happening in a business is more complex than might at first be imagined.

At Peak Pharmacy we have tried to split staff work into one of two areas, either counter or NHS work. This, after all, is the way our business is funded, and it would be helpful to measure remuneration against time and costs so that we could compare branch productivity.

But it is only when you analyse staff tasks more accurately that you realise how much time is spent by so called 'counter staff' in prescription receipt, dealing with queries and checking exemptions.

Similarly, I doubt anyone discourages their dispensary assistants from making sales to customers – it might even be good for us all to take a turn with the vacuum cleaner every once in a while. So the approach of work separation by individuals can only be taken so far.

Problems also arise with stock – in trying to identify counter and NHS profit margins there is a difficulty in that many lines may be supplied on prescription or over-the-counter.

The best way to eliminate this problem is to dual-code all such lines, otherwise margins will continue to leak in whichever direction the coding system favours. I have to admit that when we first self-distributed stock I found it hard to understand why all our health centre pharmacies had a negative counter margin. Until I realised they had been receiving goods classed and charged as counter stock, then effectively 'giving' it to the dispensary stock.

As retailing and pharmacy continue to develop I am absolutely convinced of one thing – those who do not have a better understanding of the processes of their business will be placed at a significant disadvantage. Information gathering should be built into all processes so it becomes a by-product of working practices, and this is the most important aspect of self-distribution for our company.

The only service that currently tackles these issues, as far as I am aware, is the NPA interfirm comparison. As far as I know there is very little demand for it and this is probably

Peak Pharmacy's Peter Cattee looks at the growing importance of defining the bank of available data to ensure objective views of branch performances

reflected in the fact that its design has not been reviewed for many years.

As I mentioned earlier, technology and information capture and transfer is now so simple that the first requirement of any data collection is that it should be as automatic as possible. This would suggest that if you do not self-distribute the first place to look for data is from your main suppliers. Up until now there has been little acknowledgement of the need for standardisation by manufacturers, with the power of competition stronger than that for co-operation, so this obviously leads to the wholesalers. They are the first conduit in the supply chain to pharmacy with the interest and the opportunity to bring order, systematise and report the supply of stock in a way that could bring increased value to independent community pharmacy.

Written reports have been available from wholesalers for many years, but these do not give the opportunity for rapid analysis of comparative data. They are being superseded by computerised data, but it is fundamental to any analysis that information is provided in a form that suits the needs of the user as well as the provider.

This, in turn, highlights the need to systematise. It is not realistic to suggest that information should be sufficiently open that it can be grafted into any bespoke package. This would have the disadvantage that, if definitions are not made clearly at the outset, the value of any comparative analysis will be reduced by mismatching.

Therefore, to create a robust, comparable system to measure all aspects of pharmacy performance it is necessary for the lead to be taken by an organisation with a large customer base, strong grasp of technology and a proactive approach.

Although traditionally the interfirm comparison offered a thorough financial analysis of the business, it is now also possible to do much more work on staff and stock data, and I would like to expand on this next time.

One can't help feeling that at some point, your suppliers will be aware that your gross profit has dropped before you are. Before that day comes I hope it will be commonplace to anticipate, measure and react to change as it happens, finding relief in knowing it is not simply your business spiralling downward, but the consequence of changes that you can explain and counter. ☺

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Contact Debra Thackeray, Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: <http://www.dotpharmacy.co.uk>



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Contact Shandip on 01895 632409

2. **OTC Staff** required for London W1 store: Experience in Skincare, Perfumery and OTC essential (F/T or P/T)

Contact Ketan on 020 7486 0580 or send details via email at enquiries@nvspharmacy.co.uk

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Copy deadline Tuesday 12 Noon

Tel: 01732 377493

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Chartered Accountants
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Co Armagh
BT62 3NS.

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Numark Trading Ltd has announced the appointment of two directors to its board.

Uday Thakrar was one of five retail directors of Numark Ltd and for the past 12 years has been a member of the Numark Promotions and ethical Working Parties. He is also a member of the new Numark plc Standards Advisory Board.

Paul Smith is the second new director. He worked for Lloyds for 14 years before joining



Uday Thakrar



Paul Smith

Rowlands as commercial director in 1997.

Following Rowlands' takeover by Phoenix Pharmahandel, he joined the main board of Phoenix in the UK becoming managing director of the retail arm.

Historic honour for Bharat Shah

Sigma Pharmaceuticals managing director Bharat Shah has been awarded honorary life membership of the South African Institute for the History of Pharmacy.

Bharat and his son Hatul, both pharmacists, were able to visit the Institute's pharmacy museum in Johannesburg on a recent tour of South Africa. The Institute's president and museum founder Professor Julius Israelsohn, a fellow of the RPSGB, conferred the honour on Bharat citing his services to community pharmacy. It is thought that Bharat is the first Briton to receive the accolade.

Bharat enthuses about the museum which has grown into one of the largest permanent exhibitions of its kind anywhere.

Thousands of visitors a year are attracted to the museum at the South African Pharmaceutical Society's headquarters north of Jo'burg. This also houses one of the largest collections of indigenous African medicinal herbs, as well as sections on the history of perfumes, flavours and fragrances.



Professor Julius Israelson (left) and Bharat Shah

Success for Northants NCC



The winning team from the Co-Op Pharmacy in Rothwell, Northants, are pictured receiving their award as the first National Co-operative Chemist Branch of the Year. From left are Sally Warner, Nikki Styles, area manager Stephen Taylor, NCC chief executive officer Roy Carrington, branch manager David Wildman, Lesley Dexter and Elaine Diack

Staff at the Co-op Pharmacy in Rothwell, Northamptonshire, are celebrating becoming the first Branch of the Year in the National Co-Operative Chemists' awards.

The staff, who work at the pharmacy in Bridge Street, Rothwell, near Kettering, were selected as national winners from the 300 NCC branches. They will be sharing cash prize of £1,000, and were presented with the shield and a trophy for display in the

branch at an awards ceremony in Manchester.

NCC chief executive Roy Carrington was on hand to present the awards. He also presented prizes of £500 each to the NCC's two other regional winners. Morag Martin of the Kilsyth Road, Haggis, Bonnybridge store collected the award for the northern region, and Gareth Jones of the Co-Op Pharmacy in Rhosmaen Street, Llandeilo,

Carmarthenshire, collected the award for the Central Region.

NCC operations controller said the awards were based on factors such as exceptional customer service and 'housekeeping' standards, with the judging criteria based on mystery shopper reports as well as sales performance.

The awards were sponsored by AHH Pharmaceuticals, Enterprise, GlaxoSmithKline, Novartis and Crookes Healthcare.

The ups and downs of meeting the White Peaks Challenge

For two Cardiff pharmacists, Rory McConnell and Andy Evans, raising money for charity proved to have its ups and downs; 28 to be precise.

This is because the two took part in the White Peaks Challenge in Austria earlier this month and completed the challenge of skiing 28 peaks in 48 hours.

Covering the 150km means they have been able to raise £3,400 for

Scope, the cerebral palsy charity.

En route, the two bumped into (figuratively, we hope) former British Olympic downhill skier Martin Bell.

They were keen to add their thanks to all their sponsors, including colleagues from the JDS Evans pharmacy in Newport and the Boots pharmacy in Penarth, as well as friends, customers and local company representatives.



Flanking former British Olympic skier Martin Bell are (left) Andy Evans of JDS Evans pharmacy, Newport, and Rory McConnell of Boots, Penarth

with this issue



- Don't miss the new-look *Over the Counter*
- The pharmacy assistants' favourite read is now even better
- The prescription: the same superb mix of news, features and product information

- Plus:** ✓ A smart, new reader-friendly design
- ✓ A fabulous new Beauty Counter section
 - ✓ Win a haircut with leading UK stylist Nicky Clarke
 - ✓ Win bottles of champagne in our Test Your Knowledge sections
 - ✓ Nominate a colleague for a 'special treat'

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*Eucerin Clinical Study. Efficacy of 10% Urea in patients with Atopic Dermatitis. Source: Z Hauktr (1997) 72, 34-39.

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over the COUNTER

Seeds of hope

Winning seasonal hayfever sales

Walking wounded

Typical problems with feet and legs

Dare to bare

Safe sun and tanning products

NEW!
BEAUTY COUNTER
Win a haircut with
Nicky Clarke

Plus

News • On the counter • Do you deserve a special treat? • Verity

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Lesley Keen chats to the celebrity hairdresser, who offers one reader a personal appointment

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The skincare regime we start in our teens won't last a lifetime. We look at the skin's differing needs as we get older

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Welcome to your new-look Over The Counter!



As well as a smart new design, we have lots of new items to make your favourite break-time read even better.

All your favourites are still here, with the blend of news, product information and features which we know you enjoy. But we have added even more to the mix – more information, more education,

and more chances to win products, prizes and special treats.

You'll now find product information alongside features and there's an added incentive to check what you have learned as features will have their own Test Your Knowledge questions, with the chance for you to win a prize if you complete the form and send it in.

We are also introducing Beauty Counter, a brand new section bringing you the latest news about skincare, haircare and cosmetics. We know many of you spend a lot of time recommending and selling these products, so Beauty Counter will be there to help you make sales with more confidence.

To get Beauty Counter off to an especially glamorous start, we have an interview with celebrity hairdresser Nicky

Clarke – and a fabulous competition in which you could win a haircut with Nicky himself!

We are also launching two more very special items. First of all, in each issue of *Over The Counter* we have joined forces with Orovite 7 to give a special treat to one of our readers. So if you or one of your colleagues deserve a little pampering just fill in the form on page 5. We'll look at all the entries and choose a winner who will enjoy a day at a top health spa as well as an on-the-spot massage in the pharmacy.

Last, but by no means least, we are launching the *Over The Counter* Awards in which we will be asking you – the people who are recommending and selling products every day – to name the best in pharmacy. There are more details of the awards on page 5.

So here it is, the new, improved *Over The Counter*. We all hope you like it and we really would like you to let us know what you think.

Drop us a line, send us a fax (01732 367065) or email us at otc@cmpinformaton.com

Lesley Keen

Wella makes more headlines

Haircare giant Wella made the news with its sponsorship of Comic Relief with The Big Hair Do in the middle of March.

And, as *Over The Counter* went to press, it was making headlines on the business pages with the news that the Procter & Gamble Company has bought a 77 per cent controlling interest in the company.

As part of the €3.2 billion cash deal with the firm's family shareholders, the US consumer giant has also signalled its intention to make a tender offer for the remaining voting and preference shares.

Wella is Germany's largest and the world's second largest producer of home and professional hairdressing products. The company was founded in 1880 by Franz Ströher for the production and distribution of artificial hair, which was then very much in vogue. The deal is subject to regulatory approvals.



Tommy Smith kicks off JointSport initiative

Liverpool footballing legend Tommy Smith has helped launch a new joint care initiative supported by Seven Seas NeutraTaste SportFlex.

When Tommy, pictured with Sophie Barker, a student at the Central School of Ballet, retired from football at 35 he

described his joints as "knackered", has had joint replacements in both knees, one hip and one elbow.

The JointSport initiative aims to educate new and recreational sports players about the increased burden which intensive sport and exercise

(including ballet) place on joints.

Sports dietitian Jane Gr said: "Elite sports players much better cared for today as there have been enormous advances in sports science and nutrition. At grass roots level, however, the advice is not always there. It is important sports players are aware of the risks and have access to helpful information."



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Orovite 7 is available in packs of 10 or 30 sachets retailing at £2.99 and £7.99.

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supplement of the year, the best
pharmacy education campaign
and a special recognition
award.

In the first five categories, we
will be inviting companies to
enter their products. Then it's
over to you to vote for the
winner and the runners-up. In
the sixth category, the
achievement award, the winner
may not be a brand new
product, or even a product at
all. The award could go to an
outstanding product,
manufacturer, wholesaler,
support material, educational
campaign or even company
representative. There will be
more details in the May/June
issue of *Over The Counter*.

So start thinking now. Who
has produced the products you
want to sell and your customers
want to buy? Who gives you the
support you need to
recommend and sell with
confidence? These are your
awards and this is your chance
to recognise their efforts.

As an added incentive, all
your voting forms will go into
the *Over The Counter* hat and
the sender of the one which is
pulled out first will win a truly
memorable prize – but you'll
have to wait for the next issue
to find out what that is!

Ministerial lifeline for community pharmacy?

Trade and Industry Secretary Patricia Hewitt threw a lifeline to community pharmacy when she hinted that the wholesale deregulation which, it is feared, could lead to the loss of many local pharmacies, may not be the Government's preferred choice.

A report from the Office of Fair Trading in January recommended scrapping the rules which effectively restrict the number of pharmacy licences. It led to immediate protests from those who feared that an explosion in the number of supermarkets opening pharmacies would force

smaller, high street premises out of business.

But, speaking in the House of Commons just before *Over The Counter* went to press, Ms Hewitt told MPs that, while she welcomed the OFT report, she believed there were "limits to the market, especially in the delivery of health services".

She said it was vital that pharmacists should be able to fulfil their present role and the wider role envisaged under the *NHS Plan*. Deregulation would not allow that, so a balanced package of measures was needed and that was what the Government would draw up.



PATRICIA HEWITT

The impact of child bedwetting

It's National Bedwetting Awareness Week from May 12, aiming to help address the lack of understanding about bedwetting.

The campaign is being organised by ERIC (Enuresis Resource and Information Centre), which has also revealed the results of a new survey.

The research highlights the psychological and social impact of bedwetting on children. It found that a fifth of sufferers had been laughed at and picked on because of the problem.

More than half the children who suffered said they could not stay away on a school trip or at a friend's house because of it.

The awareness week campaign is being led by school nurses and aims to educate children about the condition and the support available in and out of school.

More details are available at the dedicated website www.MyNightOwl.org or from ERIC on 0117 960 3060 and children can call Childline's free 24-hour helpline on 0800 1111.

Gerimax winners

Congratulations to these readers who responded to the Freebie in the last issue. Their cards were first out of the *Over The Counter* hat and they will shortly receive a pack of Gerimax, the ginseng supplement from Wassen:

June Clark, Lloydspharmacy, Norwich; Mrs Ann Lavery, Scotts Pharmacy, Belfast; J Mills, Farrar Pharmacy, Eltham, London; Robert Parkes, Raygale Pharmacy, Hartlepool; Sylvia Marsh, CJ Hopkins Chemist, Wimbledon; Emma Rule, Watt Chemist, Edinburgh; Mrs C Bennett, DeeJay Pharmacy, Shoeburyness, Essex; Helena Jones, Lloydspharmacy, Lampeter; Miss TL Pepper, Sainsbury's Pharmacy, Harlow; Audra Clark, AM Clark, Sheffield; Mrs J Marshall, Tesco Pharmacy, Larkfield, Kent; Mrs S Carr, AM Clark, Penistone, Sheffield; Deborah Kong, Leslie W Kong, Edinburgh; Beverley

Waterhouse, Moss Pharmacy, Southend-On-Sea; Paul Buck, Boots, Lichfield; Annette Webber, Lloydspharmacy, Clitheroe; Jameela Husenbhai, Shakespeare's Chemist, Bradford; Gita Karia, Superdrug Pharmacy, Harrow; Margaret Edwards, Rowlands Pharmacy, Wrexham; Claire Atkinson, West Worthing Pharmacy, Worthing; Christine Hunter, Gibsons Pharmacy, C Londonderry; Zoe Robinson, National Co-operative Chemist, Barnsley; Nicola Stott, Boots, Shaw; Carol Ann Brown, Darlings Chemist, South Shields; Joanne Booth, National Co-op Chemist, Leeds; Jean Gregory, Woodstock Pharmacy, Northants; C Marsh, Moss Pharmacy, Filey; Barbara Robertson, Asda Pharmacy, Great Yarmouth; Bethan Johns, Prossers Chemist, Cardiff; Miss R Sihota, Boots, Newcastle-Upon-Tyne.

NiQuitin CQ Lozenge Product Information
Presentation: White, round lozenge, available in two strengths: NiQuitin CQ 2mg Lozenge containing 2mg nicotine (as 11.1mg nicotine polacrilex) marked NL2 on one side and NiQuitin CQ 4mg Lozenge containing 4mg nicotine (as 22.2mg nicotine polacrilex) marked NL4 on one side. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use with a structured smoking behavioural support programme. **Dosage and administration:** Adults: Users must stop smoking completely. NiQuitin CQ Lozenges are suitable for those who smoke: Step 1 (weeks 1 to 6), start with 1 lozenge every 1 to 2 hours. Step 2 (weeks 7 to 9), step down to 1 lozenge every 2 to 4 hours. Step 3 (weeks 10 to 12), step down to 1 lozenge every 4 to 8 hours. Over the next 12 weeks, use 1 to 2 lozenges per day only on occasions when strongly tempted to smoke. During weeks 1 to 6 it is recommended that users take a minimum of 9 lozenges per day. Users should not exceed 15 lozenges per day. Do not use for more than 24 weeks (6 months). If users still feel the need for treatment, they should consult a physician. Place 1 lozenge in the mouth and allow to dissolve. Periodically move the lozenge from side to side in the mouth. Do not completely dissolve (approximately 20 minutes). Do not chew or swallow whole. Do not eat or drink while a lozenge is in the mouth. **Contraindications:** Use by non-smoking children and adolescents under 18. Those with phenylketonuria, recent heart attack or stroke, severe irregular heartbeat, unstable or worsening angina, resting angina. Hypersensitivity to nicotine or any of the ingredients. **Precautions:** Use only on doctors' advice if the user has hypertension, peptic ulcer, severe kidney or liver impairment, pheochromocytoma, hyperthyroidism, diabetes, cardiovascular disease (e.g. heart failure, stable angina, cerebrovascular disease, vasospastic diseases, occlusive peripheral arterial disease). For sufferers of phenylketonuria – contains aspartame which metabolises to phenylalanine. For those on a low sodium diet each dose contains 15 mg sodium. Users with active oesophagitis, oral or pharyngeal inflammation, gastritis or peptic ulcer may experience symptom exacerbation. No known effects on ability to drive but smoking cessation itself can cause behavioural changes. **Interactions:** Concomitant medication may require dose adjustment; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, tacrine, clomipramine, olanzapine, fluvoxamine, flecainide, adrenergic blockers (e.g. propranolol) may need dose decrease; adrenergic agonists (e.g. salbutamol) may need dose increase. Propoxyphene, frusemide and H₂-antagonists may also require dosage adjustment as smoking may alter their effects. **Side effects:** Adverse reactions may be similar to those caused by effects of nicotine which are dose dependent from smoking cessation. Headache, dizziness, mood swings, irritability, anxiety and insomnia can occur, and may also be due to nicotine withdrawal. Commonly reported adverse effects include nausea, vomiting, dyspepsia, hiccup, flatulence, diarrhoea, constipation, appetite changes, mouth irritation/ulceration, pharyngeal coughing, wakefulness. Uncommon adverse effects include general malaise, skin rashes, itchy sweating, gingival or nose bleed, palpitations, tachycardia, chest pain, flushing, nasal or throat irritation, chest infection, dyspnoea, asthma exacerbation, taste disturbance, halitosis, gagging, lip soreness or ulceration, tooth ache, oesophageal reflux, peptic ulcer, abdominal cramps, excessive thirst, nocturia, lightheadedness, nightmares, restlessness, migraine, sleep disturbance. **Pregnancy and lactation including to become pregnant:** Pregnant nursing women should be advised to try to stop smoking without nicotine replacement therapy, but should this fail, a medical assessment of the risk/benefit should be made. **Category:** P. **Product licence number:** NiQuitin CQ 2mg Lozenge PL 00079/0369; NiQuitin CQ 4mg Lozenge PL 00079/0370. **Product holder:** GlaxoSmithKline Consumer Health, Brentford, TW8 9GS, U.K. Pack size and 80th strengths 36 lozenges £8.99, 72 lozenges £17.49. **Date of last revision:** August 2000. **Reference:** IRL mat 52 w/e 29 December 2000.

The power to achieve a butt-kicking bottom line

Give your customers the power to help control cravings with NiQuitin CQ® Lozenges and you could seriously enhance your sales figures.

That's because since their launch NiQuitin CQ® Lozenges have achieved a dominant 88% share of the lozenge sector¹ – as well as king-size-incremental sales in the NRT category as a whole.¹

In this 6-month period alone we're investing £8.6M into media to drive NiQuitin CQ® customers into your pharmacy. So all you have to do is make sure there's enough power to go around.

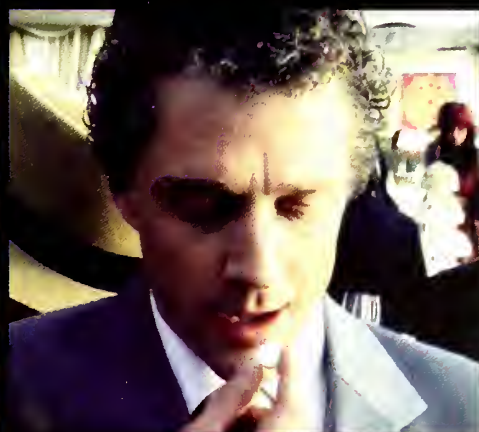


nicotine

 GlaxoSmithKline

You've got the power

NOW
ON T.V.



on the 4head tackling pain head on

New from Dendron is 4head, a topical product to relieve the pain of headache.

The active ingredient is 100 per cent levomenthol, presented in a retractable tube. 4head is applied by gliding the dispenser across the forehead, leaving an invisible, non-greasy application. It is thought to relax local blood vessels, causing a cold sensation, followed by an analgesic effect. Levomenthol is believed to work by helping

to relax the muscles involved in tension headaches.

4head can be applied as needed and may be used by adults and children. The dispenser (3.6g, £5.95) delivers more than 100 applications and Dendron believes it will appeal to headache sufferers who want fast, effective relief in a convenient format.

The launch is being supported by TV and press advertising and point of sale material is

available from Dendron representatives.

DDD Ltd, Tel: 01923 229251.



New Vertese duo

Brunel Healthcare is adding two products to the Vertese range of gelatin-free soft capsule vitamin and mineral supplements.

Vertese Omega Oils 3+6+9 is

a blend of the omega-3, omega-6 and omega-9 fatty acids to help maintain a healthy heart, joints and immune system. The ingredients are derived from seven natural plant oils including flaxseed oil, sunflower oil, pumpkinseed oil, wheatgerm oil and evening primrose oil.

Vertese Flaxseed Oil 500mg may help to protect against asthma, rheumatoid arthritis and psoriasis. Flaxseed oil is a rich source of the omega-3 fatty acid, alpha-linolenic acid.

Both products are suitable for vegetarians and vegans and retail at £3.99 for 30 capsules.

**Brunel Healthcare,
Tel: 0117 946 5511.**



Minty option for Oraldene

Pfizer Consumer Healthcare has launched a new Icemint variant for Oraldene medicated mouthwash. The new product offers consumers a pleasant tasting, non-staining alternative to medicated mouth rinses which contain chlorhexidine.

Oraldene Icemint and Oraldene contain hexetidine (0.1%) and are formulated for use in short term oral health problems such as treatment and prevention of gingivitis, mouth and throat infections, relief of pain, management of aphthous ulcers and halitosis. They can be used for minor infections such as oral thrush and to aid gum healing before and after dental surgery. Oraldene Icemint retails at £3.39 for 2

**Pfizer Consumer Healthcare,
Tel: 02380 623678.**



Staying dry with Lynx

Lever Fabergé is introducing a range of Lynx Dry antiperspirants in April. The launch is being backed with TV advertising spearheading a £7 million support package, part of a £13m marketing investment in the brand this year. The launch is designed to tempt back users who had deserted the Lynx deodorant as they wanted additional antiperspirant properties. Lynx Dry is identified with a silver cap and is available as aerosol (175ml, £2.49), roll on (50ml, £1.99) and stick (50ml, £2.29).

**Lever Fabergé,
Tel: 020 8439 6100.**

Latest Durex 'Sensation'

SSL International is expanding its range of condoms with the launch of Durex Sensation into independent community pharmacies. The new condom has a "raised-dot texture to create extra pleasure and intensity". A two-tiered merchandising unit containing Sensation and Durex Performa will also be available.

**Durex sales team,
Tel: 01565 625000.**

Summery Sea-Band look

The Sea-Band travel sickness band is being given a new look with a blue packaging for adults and a sunshine yellow for children. The colours have been chosen to match the sea and summer and to enhance its in-shelf presence. The new product is a highlight product for summer and other uses for Sea-Band such as morning sickness and post-operative nausea. Sea-Band retails at £7.99.

Sea-Band, Tel: 01455 639750.

Bach to the Rescue with spray

Nelsonbach is launching Bach Rescue Remedy in a spray format. The launch follows strong growth for the brand and is designed to meet consumer demand for increased convenience.

The spray (20ml, £6.49) offers an easy-to-use way of coping with stress on the move. One dose equates to two sprays on to the tongue and no water is needed.

Like original Bach Rescue Remedy drops, the spray combines the individual remedies Rock Rose, Impatiens, Clematis, Star of Bethlehem and Cherry Plum.

The launch will be backed by a marketing campaign including bus advertisements nationwide from April.

Nelsonbach, Tel: 020 8780 4200.



Canesten's oral option

Bayer is launching an oral thrush treatment into the Canesten range. Canesten Oral contains fluconazole 150mg in a capsule designed to offer a fast and convenient way to clear an internal thrush infection. A pack containing one capsule retails at £12.50. It can be combined with Canesten 2 per cent cream to help relieve external itching immediately. Bayer recommends that sufferers' partners with thrush of the penis should also use the treatment to prevent re-infection. The launch will be supported by a £5 million marketing



campaign including TV, press and radio advertising, likely to be in the summer, and an educational launch to pharmacists and their staff. Point of sale material for independent pharmacies

includes a free counter-top unit holding six packs. Educational material is also available.

Laser Healthcare,
Tel: 01202 780588.

Ocuvite looks sharp

Bausch & Lomb has launched an antioxidant supplement into pharmacies to help preserve eye health and maintain vision. Ocuvite PreserVision contains high doses of vitamin A (as beta-carotene, 15mg), vitamin C (500mg), vitamin E (400iu) and zinc (80mg) – the same active ingredients at the same levels used in the Age-Related Eye Disease Study (AREDS), published in the Archives of Ophthalmology in October 2001. The study highlighted the role played by free radicals in damage to the retina and that played by antioxidants and zinc in age-related changes to the macula. Ocuvite PreserVision is in packs of 120 tablets (one month's supply) retailing at £19.99. **Bausch & Lomb,** Tel: 020 8781 2800.

Ovulating? Test your saliva

Ecobrand has launched Calista, a convenient ovulation test which uses saliva. Calista is a powerful little backlit microscope the size of a lipstick container which measures hormonal change from the dried crystalline pattern of saliva. A sample is placed on the optical block and allowed to dry. A dotted pattern indicates non-ovulating days, while a clear, fern-like pattern indicates the fertile peak or ovulating period. Calista (£24.95) is clinically tested and is, says Ecobrand, 98 per cent accurate. It can be used repeatedly for more than two years. **Ecobrand Ltd,** Tel: 020 7460 8101.

Trim extensions

FSC has added two new products to its Figure Trim range – Figure Trim CLA and Figure Trim Yerba Mate Formula. The CLA Formula (60 capsules, £12.99) contains conjugated linoleic acid, a naturally occurring fatty acid involved with fat metabolism, with chromium and lecithin. Yerba Mate Formula (30 tablets, £9.99) contains the revitalising caffeine-containing herb yerba mate, which is traditionally used as a stimulating beverage in South America, as well as ginger, vitamin C and guarana. **FSC trade information line,** Tel: 01204 702188.

Eumobase helps keep skin moist

New Eumobase from GlaxoSmithKline Consumer Healthcare is a concentrated rehydration cream formulated to moisturise dry, sensitive, itchy skin, including skin prone to flare-ups of eczema and dermatitis.

Around 12 million people in the UK are said to experience skin flare-up and Eumobase offers an easily-absorbed, non-greasy dermatological formula which can also be used as an emollient for children and babies.

GSK says that, in a skin capacitance study, Eumobase produced "significantly greater skin hydration than three other market-leading standard emollient creams".

Eumobase retails at £3.99 for 30g and £6.49 for 100g, with packs designed for



vertical or horizontal display.

The launch is supported by an educational programme for health professionals, information on the internet (www.skinflare-up.com) and national advertising in the summer.

GlaxoSmithKline Consumer Healthcare, Tel: 020 8047 2700.



Eucerin
DRY SKIN

DRY SKIN
RELIEF
SOOTHING
SPRAY

Eucerin sprays on moisture

New from Beiersdorf is Eucerin Dry Skin Relief Soothing Spray, a light spray-in moisturiser for dry skin. The soothing spray is designed to address the cause of dry skin while helping to soothe irritating itching. It contains menthol, polidecanol, dimethicone and evening primrose oil and soothes the skin while avoiding the need to touch the affected area.

Beiersdorf UK Ltd,
Tel: 0121 329 8800.

on the

Spring campaign for SportFlex

Seven Seas is spending £200,000 on a spring press and poster campaign for its omega-3 multivitamin sports supplement NeutraTaste SportFlex.

Full colour advertisements are appearing in daily newspapers, health and fitness titles and high circulation women's

magazines. This is reinforced by a sampling support programme in national magazines and regional newspapers, and six-sheet posters in gyms and health clubs in and around London.

Targeted clubs will offer information and promote the product.

NeutraTaste SportFlex is formulated to help those who take part in sport or exercise to maintain optimum health and remain supple and flexible (see page 47 for a chance to try SportFlex for yourself).

Seven Seas Ltd,
Tel 01482 375234.



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Strike Sanatogen gold

Special 'golden pill' promotional packs of Sanatogen Gold are now available from Roche Consumer Health.

The promotion is featured on 30s packs of Sanatogen Gold A to Z multivitamin. Twenty random packs contain a special embossed token, one of which will be gold, giving the lucky customer a cash prize of £25,000. There will also be 19 red tokens, each with a prize of £5,000.

Roche Consumer Health,
Tel: 01707 366000.

Eyes right for contact lens wearers

Advanced Medical Optics has launched Blink Contacts eye drops for use with all types of contact lenses.

The drops contain sodium hyaluronate (0.15 per cent) in a formula which has a similar pH and osmolarity to natural tears. They are designed to soothe and freshen dry, tired eyes.

AMO (UK) Ltd,
Tel: 01628 551600.

Playtex widens out

Playtex Products is widening distribution of its plastic applicator tampons in UK pharmacies. Playtex Gentle Glide tampons were introduced into the UK exclusively through Boots last year. The tampons have a double layer design, which Playtex says expands with a 'blooming' action. The launch is being supported by a £1.5 million marketing campaign, including TV advertising until June, and a women's press campaign will run throughout the year. The tampons come in Regular, Super and Super Plus (£2.89 for 20) and a pack containing 10 Regular and 10 Super (£3.29) is also available.

Playtex Products Inc,
Tel: 01954 719899.

New face of Panadol

The Panadol range has been given a new look and advertising campaign designed to widen the target audience to include younger women users.

A new logo incorporates a meteor graphic and metallic packs emphasise efficacy and premium positioning, with vibrant colours to add to shelf standout. An easy-to-read checklist of indications on the back uses consumer-friendly language to help differentiate between variants.

The changes cover the whole range from the base brand, positioned as a pain reliever and fever reducer, to Panadol Extra, Ultra, NightPain and ActiFast.

The relaunch is being backed by a £2.4 million multimedia campaign which starts with national press advertising.

GlaxoSmithKline Consumer Healthcare, Tel: 020 8047 2700.

Poli-grip changes tempo with new TV ad campaign

Poli-grip denture fixative is targeting younger users with a new TV advertisement which replaces the tango/quickstep ad.

Using youthful characters – both genuine denture wearers – the ad moves away from traditional stereotypes. It shows a couple sharing 'problem' foods in a relaxed way and highlights the fact that Poli-Grip creates a tight seal which helps prevent pips, seeds and pieces of food from getting stuck beneath dentures. The product



focus is on Poli-Grip Ultra and the £1 million campaign airs until the end of April. Direct marketing will target consumers and dentists.

GlaxoSmithKline Consumer Healthcare, Tel: 020 8047 2700.

Dulco-Lax drums up new campaign

Boehringer Ingelheim is spending £1.4 million on advertising for its laxative brand Dulco-lax.

The new creative, which will be seen in outdoor media and key women's health and lifestyle titles, features a woman at work who rediscovers her body's natural rhythm once Dulco-lax has worked and her constipation relieved.

She celebrates with a dynamic drum and dance routine using the office furniture and equipment for effect.

The campaign is designed to grow the laxative market and the Dulco-lax range of tablets and perles.

Pharma Consumer Care,
Tel: 01202 314824.



SOLVE EACH CASE WITH BENADRYL®



CASE #1

If you're looking for allergy relief that's active in just 15 minutes we've cracked it with Benadryl – no non-drowsy allergy tablet works faster.



CASE #3

Here's some big news for your little customers. Benadryl's new non-drowsy allergy relief for kids. Just one daily dose will keep them playing all day. For children aged 2+.



CASE #2

When evidence points to a blocked nose (53% of hayfever sufferers experience this) give them Benadryl Plus, the only non-drowsy allergy treatment with added decongestant.



DON'T LET THEM GET AWAY WITH IT
www.allergyadvice.co.uk



BENADRYL ALLERGY RELIEF Presentation: Acrivastine 8 mg. **Uses:** Allergic rhinitis. **Dosage (12 - 65 years):** One capsule up to 3 times a day. **Contra-indications:** Hypersensitivity to acrivastine or triprolidine or significant renal impairment. **Precautions:** It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. **Pregnancy & Lactation:** Not recommended. **Side effects:** Rarely, drowsiness. **Price:** 12s £4.99 (£4.25 ex-VAT), 24s £8.99 (£7.65 ex-VAT). **Legal category:** P. **Holder:** Warner Lambert Consumer Healthcare, Eastleigh, SO53 3ZQ. **PL no:** 15513/0035. **Date of preparation:** April 01. **BENADRYL PLUS CAPSULES** Presentation: Acrivastine 8mg and pseudoephedrine 60mg. **Uses:** Allergic rhinitis. **Dosage:** 12 - 65 years: One capsule as necessary, up to three times a day. **Contra-indications:** Hypersensitivity to any of the ingredients or triprolidine, hypertension, renal impairment or severe heart disease, use with MAOIs. **Precautions:** Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostatic enlargement. It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Patients taking sympathomimetics, antihypertensives and tricyclic antidepressants. **Pregnancy & Lactation:** Not recommended. **Side effects:** Rarely skin rash, drowsiness, urinary retention or CNS excitement. **Price:** 12s £4.99 (£4.25 ex-VAT), 24s £8.99 (£7.65 ex-VAT). **Legal category:** P. **PL holder:** Warner Lambert Consumer Healthcare, Eastleigh, SO53 3ZQ. **PL no:** 15513/0017. **Date of preparation:** March 2001. **BENADRYL ALLERGY ORAL SOLUTION** Presentation: Solution containing 1mg/ml Cetirizine hydrochloride. **Uses:** Seasonal allergic rhinitis, perennial rhinitis and chronic idiopathic urticaria. **Dosage:** Adults and children 12 years and above: 10ml once daily; Children 6 - 11 years: 10ml once daily or 5ml twice daily; Seasonal allergic rhinitis only: Children 2 - 5 years: 5ml once daily or 2.5ml twice daily. **Contra-indications:** Hypersensitivity to any of the ingredients. Do not use in pregnancy or lactation. **Precautions:** Reduce dose by half in cases of renal insufficiency. Avoid excessive alcohol consumption. **Side & adverse effects:** Occasionally drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Very rarely convulsions. **Price (ex-VAT):** £4.99. **Legal category:** P. **PL holder:** UCB Pharma Limited, 3 George Street, Watford, Hertfordshire, WD18 0UH. **PL number:** 08972/0033. Further information available from Plizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire, SO53 3ZQ. **Date of revision:** January 2003.

Briefs

Shampoos for the boys

L'Oréal is expanding the Elvive range with two shampoos especially for men. Elvive for Men Thickening Shampoo with Regenium-XY (200ml, £2.49; 300ml, £3.19) is formulated to strengthen and thicken the hair for better scalp coverage. It includes a texturising agent used in styling products to provide more body and hold. Elvive for Men Anti-Dandruff Shampoo and 2-in-1 (200ml, £2.49) is for all hair types and is formulated to help eliminate dandruff quickly and soothe the scalp, preventing recurrence.

**L'Oréal Group UK,
Tel: 020 8762 4000.**

A night with a flexible friend

SCA Hygiene Products has launched the Bodyform Goodnight towel with Flex System, featuring a flexible core that moulds itself to the body to offer safety and security throughout the night. Research shows that women often wake in the night and toss and turn approximately 60 times while sleeping. This can be partly attributed to women not feeling that their sanitary towel offers them enough security and protection. The towels retail at £1.78 for a pack of 10 and £2.99 for a duo pack of 20. The launch is backed by a £1.5 million marketing campaign.

**SCA Hygiene Products Ltd,
Tel: 01582 677400.**

A testing time for ovulation with Clearplan

Unipath is relaunching its Clearplan home ovulation test kit as the Clearblue Ovulation Test (£19.95). The number of testing sticks in the kit has been increased from five to seven and the move is designed to help consumers improve the chances of detecting a surge in the luteinising hormone which precedes ovulation. Research shows that conception is most likely on the day before or day of ovulation but, as women's cycles can vary in length, so can the timing of ovulation. The test will detect a surge at concentrations of 40mIU/ml and above. The subsequent 48 hours provide the optimum chance of conception.

**Unipath Ltd,
Tel: 08705 134952.**

Lollipop ladies show they can



One hundred lollipop ladies will be showing they care with fluorescent jackets advertising Caring Clowns, the soothing lollipops from the makers of Locketts.

The promotion is part of a £500,000 spend which includes extensive sampling and press advertising.

Caring Clowns are suitable for children over three years old and the natural blackcurrant-flavoured lollipops contain 20

per cent of a child's recommended daily intake of vitamin C.

Sam McElligot, trade relations manager at Masterfoods, says: "Promoting Caring Clowns to school lollipop ladies is an innovative way to tell parents and carers about these great tasting, fun and soothing lollipops."

**Masterfoods,
Tel: 01753 550055.**

Nizoral restyle

Nizoral Anti-Dandruff Shampoo 60ml has been reclassified as a GSL product and has new vibrant pink and silver packaging. The packs highlight the product benefits and feature a message explaining how the shampoo treats dandruff and the associated red and itchy symptoms.

The shampoo contains ketoconazole and targets the yeast that causes dandruff.

The 60ml pack retails at £5.75, with the 100ml pack, which remains as a P product, £8.75.

**Johnson & Johnson MSD
Consumer Pharmaceuticals,
Tel: 01494 450778.**

Natural solution for feminine health

Bio-Fem Actigel, new from Passion for Life Healthcare, is a naturally-based product for intimate care and hygiene.

The gel is formulated to relieve common female discomforts including sensitivity, stinging, itching, soreness, redness and dryness as well as abnormal odour and discharge. The company says it helps encourage the regeneration of cells of the vaginal tissues and its pH balance of 1.4 complements the normal acidity of the vagina. Bio-Fem Actigel (50ml, £7.95) contains a high percentage of Vitaloe gel, a patented extract of the aloe barbadensis plant, which has been used for centuries for its soothing, moisturising and cooling benefits.



Passion For Life Healthcare Ltd, Tel: 01372 847272.



Improved formula for Atrotone

Pharmadass has introduced a new, improved formulation for Atrotone to the HealthAid range of joint care supplements.

Atrotone (30 capsules, £5.99) contains green-lipped mussel extract to help the body fight inflammation and maintain and rebuild connective tissue; collagen type II to help neutralise the production of abnormal molecular structures; and anti-inflammatory MSM.

A spokesman for Pharmadass said: "The new Atrotone also includes glucosamine, turmeric, vitamin C and manganese, which all contain individual properties to aid against pain and inflammation caused by joint problems while offering support to repair affected areas".

**Pharmadass Ltd,
Tel: 020 8426 3400.**

Nytol wakes up to weather

GlaxoSmithKline is promoting the Nytol range with a £200,000 deal to sponsor Channel 5's national weather. This is a first for Nytol, which is now working in association with the Sleep Council, offering extra support to the one in three people who experience temporary sleeplessness. The sponsorship runs until the end of April, coinciding with National Bed Month, and features two 10-second indents before and after the weather reports throughout the day. The creative shows a woman being carried across the sky by clouds as she sleeps peacefully.



All three brand variants are featured, with the popular sign off 'Good mornings follow a good Nytol' to link

in with the TV advertising.

GlaxoSmithKline Consumer Healthcare, Tel: 020 8047 2700.

alocclair looks spot on

alocclair, the liquid which soothes the pain of mouth ulcers, is being relaunched in 100ml bottles into pharmacies. alocclair, which also has new packaging, is formulated to give a protective coating over mouth ulcers to help reduce irritation and discomfort. The product is being supported by a £100,000 advertising and sampling campaign.

Advertisements will appear in newspapers, magazines, motorway service stations, London buses and Manchester trams, and radio stations in London, Manchester and the West Midlands. All advertising offers customers the chance to receive a free 30ml sample.

Forest Laboratories UK, Tel: 01322 550550.



Gentle way to deal with nappy rash

Repanthen, the new nappy rash ointment from Roche Consumer Health, is free from fragrance, preservatives, colours or antiseptics and, says the company, is so gentle it can be used at every nappy change. Clinical studies have shown that using it after each nappy change will maintain the health of a baby's skin and reduce the chance of nappy rash recurring. Repanthen, which contains B5-vitamin, provides a transparent, waterproof barrier

New look for ReplensMD

Vaginal moisturiser Replens has been relaunched as ReplensMD, reflecting its change from a licensed GSL medicine to a medical device.

ReplensMD has an additional indication – for the symptomatic relief of vaginal

atrophy – as well as dryness, itching, irritation and discomfort. New packaging coincides with the launch of a new economy pack.

The ReplensMD Economy System (£9.85) includes a 35g tube with a reusable applicator, giving 12 applications. Pre-filled single-dose applicators remain available in packs of three (£5.99) or six (£9.85). The product offers a non-hormonal alternative to topical oestrogen and can deliver continuous moisturisation for up to three days from one application.

Anglian Pharma, Tel: 01438 743070.



briefs

Germolene's heavyweight newcomer

Bayer Consumer Care is introducing a value-for-money 120g pack into the Germolene local anaesthetic range. The family pack of Germolene antiseptic cream (120g, £3.85) is designed to offer the formula in a larger, cost-effective quantity. The cream contains a local anaesthetic to relieve pain as well as an antiseptic to help reduce the likelihood of further infection.

Laser Health Care, Tel: 01202 449700.

Relaunch for Milton

Laboratoires Rivadis is relaunching its Milton Sterilising Fluid and Tablet range with new packaging and a new advertising and promotional campaign. The promotional campaign will develop the baby sterilisation market and place equal emphasis on developing extended uses for Milton as a general nursery and household disinfectant. Advertising is in the parenting press, supported by PR and an educational programme.

Ceuta Healthcare, Tel: 01202 780558.

New rub for the active

Aromatherapy expert Eve Taylor has launched Active Rub, a Taylor Made muscle and joint gel aimed at professional and amateur sportspeople. The gel is designed to be used after a strenuous exercise or sport session when muscles and joints feel tired or stressed. The soothing gel helps reduce sensitivity and has a draining quality to aid congestion and toxic deposits with a stimulating action to aid circulation.

The gel retails at £5.49.
Eve Taylor (London) Ltd, Tel: 01733 321101.

Bonjela defeats Spike

Bonjela's new TV advert targets the 90 per cent of people who do not treat mouth ulcers. The ad features anti-hero Spike, who represents the pain of a mouth ulcer. Spike is defeated by Bonjela's triple action which relieves pain, kills bacteria and reduces swelling. The campaign is on Channels 4 and 5 and satellite until April 20 and is the beginning of a £1 million TV campaign supplemented by Tube adverts in London.
Reckitt Benckiser, Tel: 01482 326151.

Seeds of *hope*

On the face of it, grocers might seem to be getting the hayfever market sown up – but there are plenty of ways for pharmacy staff to fight back and win those all-important seasonal sales. By **Ailsa Colquhoun**



When it comes to the hayfever market, you could be forgiven for thinking that GSL stood for grocers stifling laughter. Despite last year's poor hayfever season, in which overall sales fell in value almost 4 per cent, grocers managed to boost their value share of sales by 12 per cent while pharmacy lost 7 per cent (*source: IMS Health*). Coupled with the loss last year of seven-tablet packs of cetirizine and loratadine to GSL, the forthcoming GSL switch of Beconase nasal spray in April seems simply to add insult to pharmacists' injury. However, it is important to remember that £26.5 million of the £32.9m spent each year on hayfever medicine is spent in pharmacy (*see box*).

Antihistamine tablets remain the mainstay of hayfever treatment so any GSL switch in this area has to concern pharmacy. However, analysis of the statistics shows that the new GSL packs have not been the runaway grocery success they might have. Schering-Plough, which markets, among others, the GSL Clarityn Allergy 7s, says that, although there has been value growth in the GSL market following the launch of the seven-packs, the fact that more people are now treating their hayfever has not meant a net switch away from the Pharmacy-only sector. And, even though there is evidence to show that where people are buying a seven-pack it generally tends to be in grocery, in some cases the lure of pharmacy advice and recommendation is enough to tempt shoppers away from the supermarket aisles. One such example is the Piriteze seven-pack which, says GSK, fared much better in pharmacy last year despite its GSL status.

Even though forecasters predict that the GSL hayfever market could still double its current value,

pundits believe the self-selection market could become a victim of its own success.

Scott Wilson, brand manager for Benadryl, says: "People like to have the recommendation of a pharmacist as well as the larger pack sizes and controllable dose products. The market will reach a point at which people no longer self-select and will instead go after the larger (P) packs."

How this market momentum will affect the new G status for Beconase is, at the moment, anyone's guess. GSK is sure the April launch of its GSL 100-spray Beconase Hayfever Relief for Adults will be a great success and just the thing to reverse the poor performances seen recently in Beconase brand performance and nasal spray use in general, says OTC category manager Greg Bertolotti. Its move to switch

Flixonase (fluticasone propionate) once-a-day Allergy Nasal Spray from POM to P at the same time aims also to extend the traditionally seasonal OTC market to one of year-round allergy relief.

GSK's competitors, however, are not so sure about this move.

Novartis which, for this season,

launching a P-licensed Aller-eze (azelastine hydrochloride) nasal spray and accompanying POM to P switch eye drop formulation, advises caution.

Says Aller-eze brand manager Nicola Westlake: "People need to be made aware of the ingredients and be cautious of steroid overuse and I think there is a real education gap in this area."

Of course, Novartis is bullish about its launch. "Certainly, we are a nation of pill-poppers," says Ms Westlake. "However, people are beginning to understand about using a topical medicine to treat where it hurts rather than a systemic product that needs to get through the bloodstream. We are very excited about shaking up this market."

The larger pack market

It is a fact that product recommendation is an important factor in securing those all-important hayfever sales. Whether from the pharmacist or assistant, TNS believes this phenomenon currently generates around 45 per cent of all sales in this market.

With seven-tablet packs going GSL, a key pharmacy recommendation this year will be the new larger

Key market statistics

- Total hayfever market: £32.9 million (+3.7%)
- Pharmacy £26.5 million (+7%)
- Grocery £6.4 million (+12%)

Source: IMS Health (JANUARY 2002)

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Aller-eze

see page 19

Symptoms

- Constant watery discharge from the nose, either occasionally or during certain seasons of the year
- Stuffy or blocked nose
- Reddened and pebbly lining in the lower eyelids
- Dark circles under the eyes, caused by pressure from blocked nasal passages (called 'allergic shiners')
- Rabbit-like twitching movements of the nose
- Constant upwards rubbing of the nose (this so-called 'allergic salute' commonly causes a horizontal crease across the nose)
- Bouts of sneezing, particularly in the morning
- Repeated nosebleeds
- Headaches due to pressure inside the nose
- Frequent earaches, fullness in the ear, ear infections or hearing loss dizziness or nausea related to ear problems

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ZIRTEK ALLERGY/ZIRTEK ALLERGY RELIEF

INDICATIONS: Film-coated tablets containing 10mg cetirizine hydrochloride. **USES:** Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria. **DOSAGE AND ADMINISTRATION:** Adults and children aged 6 years and over: 10 mg daily. Children between 2 and 5 years of age: either 5mg (1/2 tablet) twice daily or 10mg once daily. In renal insufficiency the dose to 5 mg (1/2 tablet) daily. Zirtek Allergy Relief: Adults and Children aged 12 years and over: 10mg once daily. **CONTRAINDICATIONS:** Hypersensitivity to the constituents, lactation. **CAUTIONS:** To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption. **SIDE EFFECTS:** Mild and transient drowsiness, headache, dryness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported. **USE IN PREGNANCY:** As with other drugs, the use of cetirizine in pregnancy should be avoided. **PACKAGING/PRICE:** Zirtek Allergy: Pack of 14 tablets = £7.95 R.R.P. Pack of 30 tablets = £14.95 R.R.P. Zirtek Allergy Relief: Pack of 7 tablets = £4.45 R.R.P. **LEGAL CATEGORY:** Zirtek Allergy: P. Zirtek Allergy Relief: GSL. **MARKETING AUTHORISATION NUMBER:** PL 08972/0032 **MARKETED BY:** UCB Pharma Limited, Watford, Herts, WD18 0UH.

ZIRTEK ALLERGY SOLUTION

INDICATIONS: Banana flavoured sugar-free solution containing 1mg/ml cetirizine hydrochloride. **USES:** Treatment of seasonal allergic rhinitis in children aged 2 years and over, and perennial

allergic rhinitis and chronic idiopathic urticaria in children aged 6 years and over. **DOSAGE AND ADMINISTRATION:** Adults and children aged 12 years and over: Two 5ml spoonfuls once daily. Children aged 6 to 11 years of age: Two 5ml spoonfuls once daily or one 5ml twice daily. Children between 2 to 5 years of age: One 5ml spoonful once daily or one 2.5ml spoonful twice daily. **CONTRAINDICATIONS:** Hypersensitivity to the Constituents, Lactation. **INTERACTIONS:** To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption. **SIDE EFFECTS:** Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported. **USE IN PREGNANCY:** As with other drugs, the use of cetirizine in pregnancy should be avoided. **PACKAGING/PRICE:** 75ml Solution = £5.99 R.R.P. **LEGAL CATEGORY:** P **MARKETING AUTHORISATION NUMBER:** PL 08972/0033 **MARKETED BY:** UCB Pharma Limited, Watford, Herts, WD18 0UH. For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD18 0UH. Telephone (01923) 211811. Facsimile (01923) 229002. **Date of preparation:** February 2003. **UCB-ZA-03-02**

References:

1. IMS HEALTH MIDAS data. Units sold from July 2001 - June 2002



A world of allergies. Answered



Flixonase Allergy Nasal Spray Product Information. **Presentation:** Aqueous nasal spray suspension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and treatment of allergic rhinitis. **Dosage and administration:** Intranasal use only. **Adults and the healthy elderly:** Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. **Children under 18 years:** Not to be used. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not to be used for more than 3 months continuously without consulting a doctor. **Consult a doctor before use in:** concomitant use of other corticosteroid products, nasal/sinus infection, recent nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recommended doses. Significant interactions between fluticasone

propionate and potent inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and protease inhibitors, such as ritonavir, may occur. This may result in increased systemic exposure to fluticasone propionate. **Side effects:** Dryness and irritation of the nose and throat, unpleasant taste and smell, headache and epistaxis. Hypersensitivity reactions including skin rash and oedema of the face or tongue. Rarely anaphylaxis/anaphylactic reactions and bronchospasm. Extremely rarely nasal ulceration and nasal septal perforation usually following previous nasal surgery. **Pregnancy and lactation:** Do not use except with medical advice. **Legal category:** P. **Product licence number:** 10949/0360. **Product licence holder:** Allen & Hanburys, Stockley Park, Middlesex, UB11 1BT. Further information available on request from Medical Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex TW8 9GS. **Package quantity and RSP:** 60 spray pack £6.79. **Date of preparation:** December 2002. Flixonase is a registered trade mark of the GlaxoSmithKline group of companies. © GlaxoSmithKline, 2003.



ergy Answers™ is a comprehensive range of
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 cluding brands that have been tried and
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FLIXONASE ALLERGY
 Nasal Spray

fluticasone propionate

packs. Recent launches from Zirtek (30s) and Clarityn (21s) certainly return to pharmacy a unique selling point but Pfizer thinks there could be a hidden danger and Benadryl, for one, will not be launching a 30s pack this season. Says Scott Wilson: "Realistically, the trade makes less money out of 30s as it keeps customers out of market longer and for less money. We just don't feel there is room for a Benadryl 30s in the trade at the moment."

Instead, with its new Benadryl Allergy Solution, the company is going head-to-head with GSK's Piriton, independent pharmacy's number one hayfever brand and, to date, the only one to have a specific children's allergy positioning. It also continues to be committed to Benadryl Plus, its decongestant hayfever product, which IMS reports to be one of only two brands to have increased value share in independent pharmacy over the past year.

With P products still showing no sign of relinquishing their hold on the market, pharmacy staff can rightly be confident of benefiting from the true organic growth expected from the market, as more people suffer from allergies and become more familiar and comfortable with treating them over the counter. However, pharmacists should not be too complacent – remember grocers have pharmacies too – and there is evidence that their in-store pharmacies are pinching independents' P trade.

What is a hayfever attack?

Every year, around three quarters of a million people are so affected by hayfever that they have to take time off work, some for as long as 10 days. Every hayfever sufferer is different, though, and how badly they are affected depends

Helpful hints for avoiding the sneeze

- Avoid pollen by staying indoors, using air-conditioning, keeping windows closed
- Avoid allergens such as wool, feathers, furry pets and house dust
- Avoid irritants such as cigarette smoke, wet paint, city pollution
- Wear glasses or sunglasses and, if affected, rinse the eyes with cool water
- Avoid areas of long grass; avoid mowing lawns and raking leaves (wear mask if you cannot avoid this); avoid pollen areas such as farms and orchards
- Shower and wash your hair when you get in the house
- Wash bedding frequently in water hotter than 55 C and air bedclothes in direct sunlight
- Tilt the head of the bed upright at night

In more severe cases, inflammation can also spread into the sinuses where it can become infected, or into the inner ear, where a blockage can give an unpleasant sensation of tightness.

For most people, antihistamines are the treatment of choice although older generation products, eg chlorpheniramine and promethazine may be associated with more drowsiness than the newer compounds such as acrivastine, cetirizine and loratadine. Corticosteroids are available OTC as nasal sprays, which can suppress the allergic response and reduce inflammation. Sodium cromoglycate and now azelastine hydrochloride eye drops may be useful for treating sufferers with itchy, red eyes.

Self-help

Sufferers can, of course, do much to help themselves and a key trick is to avoid the pollen in the first place (see box). This may mean adjusting their day around the pollen count peaks, usually the late evening, or even all day if they live in a valley. As with most chronic conditions, there is a healthy market in alternative treatments such as immunotherapy, herbal medicine, homoeopathy and acupuncture, and

research goes on all the time. The latest to make the news include:

- honey immunotherapy: allergic hayfever sufferers wishing to 'desensitise' should eat locally produced honey, researchers claim. Based on the concept of immunotherapy, scientists claim

that eating honey from local bees 'bombards' the body with the various local allergens which, over time, helps the body get used to them

- ragweed immunotherapy: In the USA, 25 adults with severe ragweed allergy were injected with a drug created by attaching immune-boosting molecules to the major allergen ragweed proteins. Early results showed the treatment significantly reduced symptoms such as runny noses, sneezing, nasal congestion and itchy, watery eyes, and further trials are planned

- butterbur (herbal medicine): Swiss researchers have found that butterbur extract is as effective as antihistamines for treating hayfever, without any sedative effect. In a two-week trial published in the *British Medical Journal*, "similar effects" were seen in 125 hayfever patients given either butterbur extract tablets or cetirizine. Also known as 'boonrhubarb', butterbur is believed to have anti-inflammatory and anti-spasmodic properties and has traditionally been used to treat plague and fever, coughs, asthma and skin wounds. It is currently used to treat migraines

- acupuncture: research shows that single point (Liver) acupuncture given for hayfever prophylaxis in a clinic setting is effective, safe, easily reproducible, acceptable and inexpensive research shows. In a randomised trial, one in

Product recommendation is an important factor in **securing** those all-important hayfever sales

on many factors, including how much allergen they are exposed to and for how long, how frequently exposure recurs and how quickly and effectively symptoms are

treated. Usually, the first a sufferer knows about an attack is a tingly, itchy feeling in the nose, mouth and throat, quickly followed by a stream of mucous and a succession of sneezes, as the body attempts to expel the allergens. During this time human antibodies mark the allergens and the mast cells attack, irritating and inflaming membranes in the nose and eyes and making them swell.

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see page 19

Independent pharmacy brands 2001-02

Brand	+/-%	Value	Mkt share (% by value)
Piriton	0	£3.4m	21.1
Clarityn	-13.2	£3.3m	20.4
Beconase Hayfever	-6.1	£2.2m	13.9
Zirtek	-30.4	£2.05m	12.7
Benadryl Allergy	-21.8	£1.8m	11.4
Benadryl Plus	+2.8	£979,781	6
Piritize	n/a	£703,270	4.3
Phenergan	+6.8	£490,939	3
T&R Hayfever	-2.4	£284,519	1.8

(General antihistamine and others not listed)

Source: IMS Health MAT/12/2002

acupuncture patients had complete remission of symptoms, the demonstrating a small but significant improvement in overall symptom score. Single point acupuncture is most beneficial if started before the symptom peak in early June. However, trials comparing standard Western acupuncture with placebo (sham) acupuncture for hay fever have proved inconclusive.

Mixed grass pollen (homoeopathy): researchers conclude that homoeopathic remedies can halve the need for antihistamines during hay fever attack. A randomised, double-blind, placebo-controlled trial of 144 active hay fever sufferers were given either a homoeopathic preparation of mixed grass pollens or placebo. The homoeopathy patients showed a significant reduction in both

Questions to ask

Who is the medicine for?

What are the symptoms?

How long have the symptoms been present?

Any action already taken?

real estimated treatment success rates to be comparable with those of conventional antihistamines, say Austrian researchers. Galphimia glauca (homoeopathic nasal spray) is as efficient and well-tolerated as sodium cromoglycate nasal sprays, German researchers conclude, following a randomised, double-blind trial of 146 patients with hay fever. Hypnosis: 47 subjects with known skin sensitivity to pollen and/or dust were tested with four strengths of allergen using a 'prick test'. Suggestions under hypnosis were made to one group that their reactions to the allergen would not occur when tested a second time. A significant diminution in the size of the wheal was obtained in the hypnosis group at two lower strengths of allergen. ©

Test your knowledge

Win a bottle of champagne with Over The Counter and Aller-eze

Check out what you learned in our hay fever feature and you could win a bottle of bubbly. Tick the correct answers to the questions below, fill in your details and send off the form. The first correct form out of the hat on the closing date of April 30 will be the winner.

1 Product recommendation is believed to be an important factor in what percentage of hay fever sales:

- a 25 per cent
- b 45 per cent
- c 65 per cent

2 The market is expected to grow because:

- a People are happier with second generation antihistamines
- b More sufferers are familiar with OTC products and comfortable using them
- c More people are suffering allergies

3 How many people are so badly affected by hay fever that they take time off work:

- a 250,000
- b 500,000
- c 750,000

4 Sufferers may take time off work, some as much as:

- a three days
- b 10 days
- c two weeks

5 Self-help measures include:

- a Wearing glasses or sunglasses when outside
- b Sleep with the head of the bed propped up
- c Avoid long grass or mowing the lawn

Name _____
Pharmacy _____
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Flixonase Allergy Nasal Spray Product Information. Presentation: Aqueous nasal spray suspension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and treatment of allergic rhinitis. **Dosage and administration:** Intranasal use only. **Adults and the healthy elderly:** Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. **Children under 18 years:** to be used. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not be used for more than 3 months continuously without consulting a doctor. **Consult a doctor before use in:** concomitant use of other corticosteroid products, nasal/sinus infection, recent nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recommended doses. Significant interactions between fluticasone propionate and potent inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and protease inhibitors, such as ritonavir, may occur. This may result in increased systemic exposure to fluticasone propionate. **Side**

effects: Dryness and irritation of the nose and throat, unpleasant taste and smell, headache and epistaxis. Hypersensitivity reactions including skin rash and oedema of the face or tongue. Rarely anaphylaxis/anaphylactic reactions and bronchospasm. Extremely rarely nasal ulceration and nasal septal perforation usually following previous nasal surgery. **Pregnancy and lactation:** Do not use except with medical advice. **Legal category:** P. **Product licence number:** PL 10949/0360. **Product licence holder:** Allen & Hanburys, Stockley Park, Middlesex, UB11 1BT. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex, TW8 9GS. **Package quantity and RSP:** 60 spray pack £6.79. **Date of preparation:** December 2002. Flixonase is a registered trademark of the GlaxoSmithKline group of companies. **References:** 1. Data on file, FNM30033. 2. Dolovich J *et al.* *Resp Med* 1990; **84**: 31-32. 3. van Bavel JH *et al.* *Ann Allergy Asthma Immunol* 1997; **78**: 128. 4. Gehanno P *et al.* *Allergy* 1997; **52**: 445-450. 5. Nathan RA *et al.* *Ann Allergy* 1991; **67**: 332-338. 6. Vervloet D *et al.* *Clin Drug Invest* 1997; **13**: 291-298. 7. Data on file, FNM40184 and 0185. 8. Ratner PH *et al.* *J Fam Pract* 1998; **47**: 118-125. 9. Howarth PH. *Allergy* 2000; **62**: 6-11.

Flixonase[®].d

New Flixonase Allergy Nasal Spray, a complete all-round treatment for airborne allergy, is now yours to recommend. So now you can offer up to 24 hours' relief of itchy eyes, runny nose, sneezing, nasal congestion, sinus discomfort and that groggy headed feeling,¹⁻⁸ by treating the whole of the allergy response.⁹ And all in one daily dose. What other allergy answer could you wish for?

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☒ **anti** allergy relief is now complete

Hayfever products

Aller-eze launch not to be sneezed at!

Novartis Consumer Health is launching Aller-eze eye drops and nasal spray into pharmacies ready for the hayfever season.

Aller-eze offers 6ml eye drops suitable for those aged over 12 years and 5ml nasal spray for those over five years. Both retail at £5.99. Novartis

says sufferers will start to notice relief within minutes of using the products, with one spray providing protection and relief for 10-12 hours.

A £1.25 million marketing package supports the launch, including print and poster advertising, point of sale material and training.

Novartis Consumer Health, Tel: 01403 210211.



Complementary allergy treatment leaflet

New Era and Allergy UK have joined forces to produce a leaflet for pharmacy assistants. *Treating Hayfever & Other Allergies with Complementary Medicines* takes a look at the causes of hayfever and the variety of natural medicines available to allergy sufferers. It is available by sending your details on a postcard to: New Era/Allergy UK Leaflet, PO Box 1005, Hull HU6 7J.

New Era's Combination H for Hayfever and Allergic Rhinitis is a homeopathically prepared biochemic remedy formulated to relieve symptoms without side effects. New Era Combination H retails at £3.49 for 180 tablets, £4.49 for 450, with Junior Combination H at £2.39 for 120 tablets.

Seven Seas Healthcare Ltd, Tel: 01482 375234.



Blown away with Zirtek

UCB Pharma is supporting Zirtek with a £1 million national TV, radio and press campaign.

New radio and TV adverts emphasise fast control of hayfever and the TV ad shows a girl sinking into the grass, overwhelmed by pollen, then growing back to natural size when Zirtek blows away the symptoms.

A new counter display unit for pharmacies holds the seven-tablet GSL pack, the 14-tablet pack and the new, Pharmacy-only 30 pack. New shelf talkers are available, along with a window display unit and pollen leaflets.

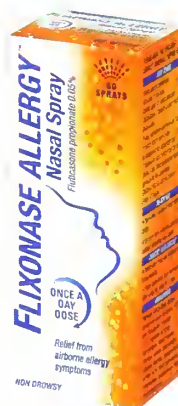
Laser Healthcare, Tel: 01202 780558.

Flixonase OTC for year-round relief

Flixonase Allergy Nasal Spray will be available OTC through pharmacies from April 1. The P-licensed spray contains fluticasone propionate and provides up to 24 hours relief from year-round airborne allergy and hayfever symptoms including sneezing, itchy and watery eyes, congested or runny nose.

The product is suitable for adults aged 18 and over and the 60-spray pack (£6.79) provides up to 15 days treatment with one dose per day. The launch is supported by TV advertising during the key summer period.

GlaxoSmithKline Consumer Healthcare, Tel: 020 8047 2700.



Opticrom for hayfever eyes

Pharmacy-only Opticrom Allergy Eye Drops now command a 64 per cent share of their market. Suitable for children aged six years and over, Opticrom is formulated to offer

relief from the symptoms of hayfever eyes in just two minutes. The drops are available in 5ml and 10ml packs. They contain sodium cromoglycate 2% w/v and benzalkonium chloride 0.01% w/v.

Chemist Brokers, Tel: 023 9222 2500.



GSK has the answer to allergies

GlaxoSmithKline claims more than 30 per cent of the hayfever and allergy market with its portfolio of products – Piriton, Piriteze, Beconase Hayfever Spray and new Flixonase Allergy Nasal Spray. Launched 48 years ago, the Piriton brand has expanded to include Piriton tablets and Syrup and Piriteze Allergy Tablets. The non-drowsy Beconase Hayfever Spray accounts for nearly 79 per cent of the nasal spray market

and is available in Pharmacy-only and GSL packs. GSK is spending £4.2 million this year to support its hayfever and allergy brands.

GlaxoSmithKline Consumer Healthcare, Tel: 020 8047 2700.



Benadryl's growing family

Pfizer Consumer Healthcare is extending the Benadryl range with a Pharmacy-only allergy solution for the three million UK children who suffer from allergies each year. Benadryl Allergy Solution (100ml, £4.99) contains cetirizine and is formulated to provide non-drowsy allergy relief for children aged two years and over. The banana flavoured liquid is designed to relieve problems caused by hayfever and dust, pet and skin allergies.

Pfizer Consumer Healthcare, Tel: 023 8064 1400.



Herbal spray for allergy relief

Bioforce has developed Luffa Nasal Spray, a herbal spray to provide relief from blocked, runny and itchy noses caused by hayfever or other airborne allergies.

Luffa Complex contains seven tropical herb extracts and is named after one of its ingredients – *Luffa operculata* or the sponge cucumber. It is formulated to have a desensitising action and to be anti-inflammatory and antispasmodic.

Luffa Nasal Spray retails at £6.99 for 30ml and Luffa Complex is also available as a tincture (50ml, £7.49) or tablets (120, £6.59).

Bioforce UK Ltd, Tel: 01294 277344.



BEAUTY COUNTER

Nicky Clarke

a passion for hair

Lesley Keen books herself a few moments to chat to the most famous of Britain's celebrity hairdressers

Tall, blond and good looking, he's the hairdresser to the stars, whose trademark leather trousers and shoulder-length hair made him the darling of TV makeover shows in the mid-1980s. But it takes more than an eye-catching look to remain at the top and have the world's most beautiful and celebrated women lining up for an appointment.

When I met him in the restaurant at London's celebrated Harvey Nichols store it quickly became clear that what keeps Nicky Clarke at the top is his genuine passion for hair and hairdressing. The leather trousers are replaced by a black suit and matching polo neck. The hair is shorter too.

He did the very **first** makeover on British TV in 1986

We met at the launch of his revamped Hairomatherapy range – products of which he is obviously inordinately proud. So proud, in fact, that clients at his salons in Mayfair and Manchester will find that these are the products used by their shampooist and stylist. When products are this good, Nicky sees no reason to have one formula for the High Street and another 'professional' version for the salon.

"We have always used the products in the salon," he told me. "The testing process is such that we get the products and test them on each other and when we have passed that point and are happy with them, we use them on the clients."

He believes that consumers are now much better educated about haircare and are able to make the most of the Hairomatherapy products.

He and his wife Lesley – they are separated but still work closely together – have been working on the new-look range for about two years.

"It is a successful brand and the original products were doing well, so there was no rush. It has been very much hands on for me and Lesley. This is the brand we started and have continued."

Britain, he says, is unique in having a designer haircare sector and this is partly thanks to the introduction of the celebrity hairdresser in TV makeovers. "There is no doubt it has done the hairdressing industry a lot of good," he said. "I did the very first makeover on British TV in 1986 when Daytime was launched with Selina Scott.

"That first makeover was not that difficult, but looking back it was a milestone."

Since then, of course, he's been in front of the cameras countless times and says one of the most memorable and successful makeovers was for older women.

So what about a

sneak preview of up and coming trends?

"The whole idea," he says, "is slightly fuller, bigger hair in contrast to the very straight, ironed hair we have been seeing, though this will not go away. People will be wearing hair that looks looser, messy chignons, hair that's been done and then undone."

Versatility is key, with cuts which allow several looks to be created according to the client's mood.

"What you have to do is take the hair type, face shape and the maintenance levels that the client is prepared to go to and do your own take on a style," he says.

As far as colour goes, he sees blondes looking more buttery with creamy tones and for darker hair, chocolates and caramels, all with lots of depth. And he says that what seems like an extortionate price for a haircut is put into perspective when you realise that it is something you will be wearing every single day.



Win a haircut with Nicky Clarke!

Actors and actresses, supermodels and royalty, pop stars and bands – what do they have in common? Haircuts by Nicky Clarke.

Now one of our readers has the chance to join that illustrious list and really be a cut above their friends and colleagues.

For most of us, a £500 appointment with Nicky Clarke is simply out of reach, but to celebrate the launch of Beauty Counter and the new look for his Hairomatherapy range, Nicky has offered one of our readers the chance of a lifetime – a personal consultation and cut.

You can choose to meet Nicky at his salon in London's Mayfair or in the new Manchester branch, whichever is nearer to your home. Over The Counter will pay for travel to and from the salon.

An appointment at Nicky Clarke is an exciting and glamorous experience. You could be sitting next to a star, you could be watching the hustle and bustle as stylists prepare for a photo shoot for a glossy magazine or pop video.

So if you would like Nicky to create a cut especially for you – a look that will suit your hair and your lifestyle, now's your chance.

Just answer this simple question – you'll find the answer in our item on the new Hairomatherapy range (page 29) – then fill in your details and send it to the address below to arrive by April 30.

The first correct entry opened will win and if more than one assistant would like to enter, just photocopy the form.

So what are you waiting for? He's made some of the world's most beautiful women of all ages look even more stunning and he's waiting to do the same for you.

Question: How many products are there in the Nicky Clarke Hairomatherapy range?

Answer _____

Name _____

I am an assistant at (name of pharmacy) _____

Address _____

Postcode _____

Daytime telephone number _____

Please send your entry to: Over The Counter/Nicky Clarke Competition, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW to arrive by April 30.

Kill two birds with one tube

PRESCRIBING INFORMATION.

E45 Itch Relief Cream

Indications: E45 Itch Relief Cream is indicated for the treatment of dry, itchy skin.

Contraindications: E45 Itch Relief Cream is contraindicated in patients with known hypersensitivity to any of the ingredients.

Warnings: E45 Itch Relief Cream should not be used to treat acute eczema, acute inflammation, oozing or infected skin lesions.

Special warnings and precautions for use: E45 Itch Relief Cream may cause irritation if applied to broken or inflamed skin.

Pregnancy and lactation: There are no specific restrictions concerning use during pregnancy.

Side effects: E45 Itch Relief Cream has been reported to cause a burning sensation, erythema, pruritus or the formation of pustules.

Product licence number: PL 00177/01/2

Legal category: General sale (GSL)

MRRP: £3.99 (50g), £5.29 (100g)

Date of Preparation: February 2003

© Crookes Healthcare

Dosage and administration: Adults, the elderly and children: E45 Itch Relief Cream should be applied to each affected area twice a day. The duration of treatment depends on the clinical response.

Contraindications: Patients with known hypersensitivity to any of the ingredients. It should not be used to treat acute eczema, acute inflammation, oozing or infected skin lesions.

Special warnings and precautions for use: E45 Itch Relief Cream may cause irritation if applied to broken or inflamed skin.

Pregnancy and lactation: There are no specific restrictions concerning use during pregnancy.

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Date of Preparation: February 2003

© Crookes Healthcare

**Itch Relief
Cream**
Lauroamagols, urea

DERMATOLOGICAL

E45



**CROOKES
HEALTHCARE**

If there's one thing people with dry, itchy skin need, it's two things. E45 Itch Relief Cream does both. Lauromacrogols have a local anaesthetic effect to relieve the itch and urea moisturises the skin. What could be more simple? **It's an easy way to manage eczema patients.**



The ages of skin

Skincare experts tell us it's never too early to start the cleanse, tone and moisturising routine, but the regime we started in our teens and the products we used then won't last a lifetime. **Lesley Keen** takes a look at the skin's differing needs as we get older

Ageing is the most natural and inevitable of natural processes. No one has yet found a way to turn back time, so we all have to live with skin that gradually shows signs of age. We often see that women with great skin have passed it on to their daughters and granddaughters, so there is obviously a genetic element in there somewhere. But even if you are not lucky enough to come from a family with firm, clear skin, you can still make the most of the complexion you have and, with the right skincare products and simple lifestyle measures, you can look radiant in spite of the advancing years.

There is no doubt that a healthy diet rich in fruit and vegetables, drinking plenty of water and making time for exercise will all help the skin to stay healthy. Avoiding large amounts of alcohol and giving up or, better still, never starting to smoke will also help.

The single biggest factor in skin ageing is the sun which we can limit is sun exposure. The sun's UVB rays are the ones which burn, while the UVA rays are responsible for ageing, which only show up years later, not just in the wrinkled, lined look of so many ageing

sun worshippers, but also in the form of skin cancer, age spots and damage to the fibres which keep skin firm.

One area which most of us keep covered throughout our lives is our bottom – and a wise skin specialist once pointed out that this area of skin, which is protected from the sun, does not start to show signs of ageing until we are entering our 80s! So if you want your face to stay as unlined as your rear, look for moisturisers with SPF protection.

What type are you?

It is important to identify your skin type so you can choose the correct products for its needs. Skin is divided into dry, combination, normal and oily. Skin often becomes drier with age, so it is worth reviewing your skin type every few years.

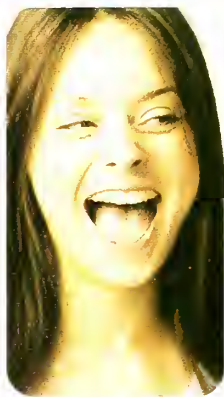
Dry skin is often fine and dehydration shows up as dull skin which can be flaky and even rough. It is often sensitive to cold, wind and water and its texture may not be regular.

Normal skin looks clear and feels comfortable, with a balance of oils and water.

Combination skin looks shiny on the forehead and down the nose and chin (the T-zone), but cheeks will be drier and often sensitive. The oilier area will have more visible pores.

Oily skin looks thick and shiny with larger, visible pores and may be prone to irritation and blotches.

So what does our skin need as we move through life?



The challenge: Our teens are a time of hormonal upheaval, so it's no wonder many young people complain of problems. Imperfections show up in the form of spots and even acne, while excess oil and a tendency to shininess are also a problem.

The strategy: This is the time to establish a skincare routine, cleansing, toning and moisturising with products which help purify the skin without being too harsh. Don't be tempted to miss out on moisturising as teenage skin needs moisture without oiliness.

Some products to try: The Oxy range from GlaxoSmithKline is formulated to provide effective spot treatment and deep cleansing, with products to use daily for spot prevention and varying strengths of treatment for breakouts; L'Oreal's Pure Zone offers cleanse, tone and moisturising products to care for the imperfections, oiliness and other problems; Clinique's Acne Solutions range includes oil-free lotion, cleansing foam, antibacterial soap, emergency lotion and night treatment gel. ▶



Skin structure

The skin has three main layers: the epidermis, the dermis and the hypodermis. The epidermis is the outermost layer and is made up of many layers of cells. The dermis is the middle layer and contains collagen and elastin fibres. The hypodermis is the innermost layer and is made up of fat cells.

The epidermis is made up of many layers of cells. The outermost layer is the stratum corneum, which is made up of dead skin cells. The layers of the epidermis are: the stratum corneum, the stratum granulosum, the stratum spinosum, the stratum basale and the stratum lucidum. The dermis is the middle layer and contains collagen and elastin fibres. The hypodermis is the innermost layer and is made up of fat cells.

The dermis, which is the skin's middle layer, is largely made up of water. It is in the dermis that collagen and elastin – responsible for ensuring the skin's firmness and elasticity – are found. Also in the dermis are sebaceous glands, which secrete sebum, and sweat glands.

If you're in your 20s

The challenge: This is a time to enjoy, when skin has settled down after the teenage upheavals and is looking healthy, firm and supple. The challenge is to keep it that way.

The strategy: Keep up the cleanse, tone and moisturise routine, choosing the correct products for your skin type, with protection against sun damage and pollution.

Some products to try: L'Oréal's Hydrafresh moisturiser is a gel-cream in formulations for normal to combination and dry to sensitive skin, with vitamins C, E and B5, calcium and magnesium; Garnier's Synergie range offers skincare for all skin types; Nivea Visage All Day Aqua Creme gives an instant moisture boost and continues to deliver moisture long-term.

If you're in your 30s



The challenge: This is the decade when the first signs of ageing appear as collagen and elastin fibres are less efficient. You may see the first fine lines and wrinkles and dark circles under the eyes and may suffer a late burst of acne.

If you have sensitive skin

The challenge: Skin can be sensitive at any age and many women believe they have sensitive skin. Truly sensitive skin is likely to be dry, becoming blotchy, irritated, itchy and even flaky.

The strategy: Choose hypoallergenic products free from fragrance, colouring and other unnecessary ingredients. Fragranced soap and even water may affect truly sensitive skin, so a special cleanser is needed.

Some products to try: the Clarins Gentle range; Simple's range of fragrance-free, colour-free products; Cuticura's new Sensitive Plus fragrance and colour-free, retailing at just £1.99 for each of the three products; E45, or Cetraben, the emollient cream which can also be used as soap on extra sensitive dry skin.

The strategy: Cleanse, tone and moisturise and detoxify the skin, keeping up the protection and try products to refine skin texture. Look for a suitable night cream.

Some products to try: L'Oréal Visible Results contains Activa Cell to stimulate the natural defence and repair of the skin, along with vitamin C and a UV filter; Olay Total Effects Time Resistant Moisturiser is designed to resist the seven signs of ageing; Skin Wisdom Extra Care was developed by skincare guru Bharti Vyas for Tesco, with Coenzyme Q10 and retinol; Nivea's new Pure Energy with apricot and vitamin C has light-reflecting elements to brighten skin. You may also want to try one of the supplements formulated to promote clear, radiant skin and fight the ageing process – Reviface uses natural ingredients to help combat the signs of ageing, while evelle, from Pharmanord, includes antioxidants, biotin, zinc and horsetail extract in a twice-a-day tablet.

If you're 40 or over

The challenge: Fine lines and wrinkles are present around the eyes and in other areas, the skin is starting to lose firmness and may become dull. As ageing progresses, wrinkles become more visible and age spots appear. Skin texture is less refined and even.

The strategy: Choose products to improve the quality and smoothness of the skin, reducing wrinkles and helping to improve firmness. Later you will want to look for products which help reduce age spots. Nourishment and rehydration are the watchwords.

Some products to try: Ystheal+ from Avene, available as emulsion, cream and eye contour cream, contains Retinaldehyde CT, an active, anti-ageing form of Vitamin A plus Pre-Tocopheryl; Age Perfect from L'Oréal offers cleansers and a toner as well as night and day creams and an anti-age spot treatment; Olay Total Effects Intensive Restoration Treatment, with Pro-Retinol and the vitamin complex VitaNiacin targets the forehead, cheeks, eye and mouth areas where seven signs of ageing are most visible; Yardley Moisturising Day Care and Regenerating Night Care containing provitamin B5, vitamin E and aloe vera; Encodil



Moisturising Beauty Cream is formulated for mature skin and now contains vitamins A, and pro-vitamin B5; Q10, the anti-ageing range from Nivea; Ceramide Time Complex Capsules from Elizabeth Arden with Ceramide I to help maximise water retention and minimise its loss; Clarins Extra Firming range for skin which is losing tone and the Multi-Active range to help hold lines at bay; Clinique's new Repairwear Intensive Night Cream and Lotion and Extra Help Serum designed to repair, recharge and rejuvenate the skin. ©

Test your knowledge

Win a bottle of champagne with Over The Counter and **CETRABEN**

Check out what you learned in our skincare feature and you could win a bottle of bubbly. Just tick the correct answers to the questions below, fill in your details and send off the form. The first correct form out of 1000 that on the closing date of April 30 will be the winner.

- 1 Skin with an oily T-zone and drier cheeks is known as:
a Normal b Combination c Oily
- 2 The degeneration of which part of the skin starts to show up as lines and wrinkles?
a Collagen and elastin
b The moisture content
c The sebaceous glands
- 3 At which age do many beauty therapists recommend a night cream?
a 20s b 30s c 50s
- 4 The outermost layer of the skin is known as the:
a Epidermis b Dermis c Hypodermis
- 5 How long does a skin cell take from formation to reach the surface and be shed?
a One week b Three weeks c Five weeks

Name _____

Pharmacy _____

Address _____

Send your entry to: Test Your Knowledge, Over The Counter/Cetraben, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW

A World Leading Anti-Wrinkle Cream

After entering the skin care charts after only one year, **NIVEA Visage® Anti-Wrinkle Q10 Repair Creme** went straight to No 1 in 2000 as the world's best selling anti-wrinkle cream, selling a staggering one pot every two seconds. The improved Anti-Wrinkle Q10 'Plus' Creme is still one of the world's best sellers, showing that NIVEA Visage's wonder ingredient, Q10, does work!

The success of NIVEA Visage Anti-Wrinkle Q10 Plus range of Day, Night and Eye cremes is due to the nature-identical active ingredients Co-enzyme Q10 and the powerful regenerative Co-enzyme R. Additional Q10, placed in an encapsulated system, is released into the skin over 24 hours. Together, Q10 and R are proven to combat fine lines and wrinkles.

The Benefits:

Co-enzyme Q10 helps convert food into energy at a very basic, cellular level, and is a powerful anti-oxidant which is found in nearly all cells in the body and is vital to life.

From the age of 35 the body's ability to produce Q10 decreases, and natural levels within the skin and body reduce.

Co-enzyme Q10 is the body's own anti-ageing defence, enhancing the skin's natural protection and regeneration.

Benefits of Co-enzyme R:

Co-enzyme R is a molecule found naturally in the skin which helps prevent the formation of fine dryness lines by enhancing the production of lipids; these help restructure and strengthen the top layers of the epidermis.

More mature skin has a propensity to become dry, taut and flaky, resulting in less elasticity and firmness. Co-enzyme R reduces the formation of skin flakes and increases the relative skin moisture, making the skin more supple, refined and elastic.

Clinical tests showed that after 10 days use, skin firmness is improved and within four weeks the appearance of fine lines and wrinkles is visibly reduced.



The Market

The facial skincare market is one of the biggest categories, worth £273m and growing at 14.6% year on year. The pharmacy sector is a significant area for skin care, accounting for around 10% of sales.

Sales of NIVEA Visage Anti-wrinkle Q10 Plus range have grown, on average, in excess of 16% over the past year and growth of "active moisturisers" are set to continue during 2003. NIVEA Visage will be TV advertising throughout the year with a substantial ad spend.

The NIVEA Visage Q10 Plus range contains:

NIVEA Visage Anti-Wrinkle Q10 Plus Day Creme £9.45 - 50ml

Suitable for use under make-up and also offers protection with sunscreens and Vitamin E.

NIVEA Visage Anti-Wrinkle Q10 Plus Eye Zone Q10 Plus Creme £9.45 - 15ml

Ophthalmologically approved and suitable for contact lens wearers and is fragrance free. It also offers UV protection with sunscreens and Vitamin E.

NIVEA Visage Anti-Wrinkle Q10 Plus Night Creme £10.19 - 50ml

Specially formulated to fight wrinkles during sleep and includes Vitamin A to increase cell regeneration.



The Facial Category Fixture

Clear and logical blocking encourage consumer trial and repeat purchase.

Always block by brand and then format.

Adopt a logical flow of products starting with cleansers on the left flowing through to toners and then specialist day, night and eye moisturisers such as Q10 and end the fixture with basic moisturisers.

As one of the brand leaders, Visage should be positioned at eye level on the moisturisers section to help drive consumer interest.

Source: IRI 52/w/e 26th Jan 03

Skincare products

Movie role for Cetaben

Cetaben, an emollient cream from Sankyo Pharma, has a new role on TV as sponsor of the Channel 4 science movie.

Sankyo holds the sponsorship, which begins on April 1 and continues throughout the year, will give long-term TV exposure with the opportunity for greater sales through over-the-air. The campaign is consumer-oriented with the emphasis on the use

of Cetaben for dry skin conditions.

The cream is suitable for all ages from infants to the elderly and can also be used as a base for those with extremely sensitive skin. Non-greasy and non-perfumed, Cetaben is available in 50g, 125g and 250g packs.

Sankyo Pharma UK Ltd,
Tel: 01494 766866.



Anti-ageing trio from Avene

The Ystheal+ range from Avene contains Retinaldehyde CT and Pre-Tocopheryl, both of which, says the company, offer proven, effective anti-ageing properties.

When retinol is applied to the skin, it is converted into retinoic acid which is needed for skin renewal. The company says Ystheal+ completes the first stage of the process by supplying the skin with retinaldehyde. The second active ingredient Pre-Tocopheryl is transformed into antioxidant vitamin E.

The Ystheal+ range with Avene Thermal Spring Water comprises Emulsion (30ml, £21.00); Cream (30ml, £21.00); and Eye Contour Cream (15ml, £15.75). A range of Avene sun products for sensitive skin is also available.

**Pierre Fabre Dermo
Cosmetique Tel: 020
7559 9655**



Nivea Visage unmasked

New from Nivea Visage are four masks for pampering, purifying, peeling and calming. Nivea Visage Pampering Honey Mask contains honey extract, beeswax, macadamia nut oil and shea butter to moisturise and nourish and is ideal for dry and dehydrated skins.

Active Purifying Mask is a deep cleansing mask which dissolves impurities, removes excess oil and shine without drying. Ingredients include natural minerals, soothing bisabolol and antioxidant vitamin E.

For skin which lacks lustre, Gentle Peel-Off Mask, with pro vitamin B5, lifts off impurities and dead skin cells, also helping to improve circulation.

Soft Calming Mask with aloe vera and chamomile is formulated to calm and soothe sensitive skin. The masks retail at £1.25.

Beiersdorf UK Ltd,
Tel: 0121 329 8800.



New Cuticura range

The new Sensitive Plus range from Cuticura is fragrance and colour-free. The three products in the range are formulated with Sensitive plus Pro-Vitamin Complex, which combines pro-vitamin B5 and vitamin E to soothe and care for sensitive skin.

Sensitive Facial Scrub (75ml, £1.99) contains extra fine grains to soothe away dry, flaky patches; Sensitive Facial Wash (150ml, £1.99) is a light foaming wash to cleanse the skin; Sensitive Moisturising Beauty Fluid (100ml, £1.99) moisturises without leaving skin feeling greasy.

Keyline Brands Ltd
Tel: 020 8893 5333.



Angela and Chip return

The teen skincare brand Oxy is back on screen with two Angela and Chip commercials – Angela's Clog and Zoo, which focus on Oxy Duo Pads and Oxy Daily Face Wash. The 30-second ads are on national TV and kids' satellite stations such as MTV and Nickelodeon until the end of April.

The TV exposure is part of a package including continued sponsorship of www.mykindaplace.com and the dedicated web site www.oxy.co.uk

**GlaxoSmithKline Consumer
Healthcare, Tel 020 8047 2700.**

Controlling shine with OC8

Adams Healthcare is launching a new oil and shine control product into pharmacies from April.

Hailed as "a breakthrough cosmeceutical", the invisible microparticles in OC8 – Oil Control Genius continues to absorb oil as it is produced, so skin looks matt and feels clean for up to eight hours.

Used after cleansing and toning, non-comedogenic OC8 (£9.99) has a light moisturising base and provides a good base for oil-free make-up.

Adams Healthcare,
Tel: 0113 232 0066.



OIL CONTROL
GENIUS

A breakthrough
in skin care that puts you
in control of oil and shine

Reviface offers skincare from within

Reviface, the natural skincare specialist, San Angelica offers anti-ageing skincare in a capsule. The formulation contains pure, active natural ingredients including centella asiatica, ginkgo biloba, grape seed bioflavonoids, marine extracts, phospholipids, rose oil, vitamin E and lycopene.

Scientific trials have shown the formula prevents and reduces the appearance of fine lines and wrinkles

as well as improving skin texture and quality. The recommended dose is two capsules a day for 100 days (standard programme) or three per day for 60 days (intensive programme) with one per day to maintain results. Reviface, which uses the exclusive Revifastase delivery system, retails at £22.99 for 60 capsules.

Chemist Brokers
Tel: 02392 222500.



Miners puts on a pout

New from Miners is Luscious Pout, a range of eight lip tints presented in a matt silver pen-style applicator.

Remove the lid, twist the base and a creamy high gloss sheen is delivered on to the brush tip. Users can regulate the depth of shine and colour by how much they twist the base. Colours range from red, pinks, browns and neutral

to a glitter pink. Luscious Pout retails at £3.49.

Also new are the UFO Double Lip Gloss (£1.99) range of candy flavoured glosses in a two-part pack which contains scented, sparkling lip gloss in the top and highly scented glossy lip balm in the base; Tempting Swirls lip tints with a swirl of candy colours in four shades (£2.99) and Marble Eyes metallic powder eye colours in five shades (£2.99).

Miners Cosmetics, Tel: 02380 460600.

New Manicare identity

Nail and beauty accessories specialist Manicare is launching a new global identity. The brand, which is available in 43 countries, has a new, unified brand and image with bold blue and white packaging, with most products in double blister packs.

The price of nail care products has been reduced, with single nail treatments now retailing at £3.99, duo treatment nail packs £4.99, Nail Hammer packs down from £7.99 to £5.99 and French Manicare Sets down from £7.49 to £5.99.

Manicare International, Tel: 0115 973 8476.



Florisene in media blitz

Wella is spending more than £500,000 on a press campaign to promote its newly modernised Vaseline medicated haircare range. Advertisements will run throughout the year in high circulation women's weekly and monthly titles targeting women aged 25-44.

The first of two creatives shows the range in its new mint green packs, communicating the "golden rules" for clean, healthy hair. A second ad later in the year focuses on Moisturising Shampoo and Light & Gentle Conditioner to encourage regime buying.

Wella Great Britain, Tel: 01256 320202.

Love affair for Wella

Wella is investing £250,000 in TV sponsorship for its Shaders & Toners temporary hair colorants. The brand is sponsoring CITV's new teen comedy drama *Girls in Love* based on the books by Jacqueline Wilson.

Wella expects the brand's core target market of girls aged 11-13 to relate to the show which offers a comical insight into the trials

and tribulations of three teenage girls. Branded programme 'bumper' credits will appear throughout the 13-week series which is on air from April 1. The initiative will be backed by point of sale material to encourage trial and repeat purchase.

Wella Great Britain, Tel: 01256 320202.



Helping women with hair loss

Almost five million women in the UK are believed to suffer from chronic telogen effluvium (CTE), which shows up as an increase in the number of hairs lost when shampooing, brushing or combing. The main cause of CTE is a low iron store in the body and new Florisene, from Lamberts Healthcare, is a supplement containing iron and l-lysine, which is essential for the gut to absorb iron. Each tablet contains 24mg of iron, 500mg of l-lysine, plus vitamins C and B12. The product has been shown to correct hair loss in 90 per cent of women with CTE.

Lamberts has produced a 16-page booklet entitled *Understanding Hair Loss in Women*, along with a telephone helpline (01892 554347) and a new website (www.florisene.com).

Lamberts Healthcare Ltd, Tel: 01892 554313.



Getting sensual with Nicky Clarke

Celebrity hairdresser Nicky Clarke has given his Hairmatherapy range a makeover, with a new look and new products. The original metallic cans have been replaced with curvaceous, pearlescent packs bearing a new logo and shampoos and conditioners now have user-friendly flip-tops.

Available from May in Boots and the following month to other pharmacies, the range is divided into Care, Styling and Finishing sub-ranges, with a total of 28 products. Shampoo and conditioner are in Supershine, Extra Thickening, Moisture Sensation, Colour Care and Curl Manager variants and the Care range is completed with two intensive treatments in

tubes or sachets. New in the styling range are Colour Lock Mousse, Blo and Go blow dry spray, Thicken & Style Spray, Creme Gelee and two waxes. Finishing products comprise three sprays and a style finisher.

Wella Great Britain, Tel: 01256 376161.



So many products, so little space, so here's a round-up of some of the best!

Impulse range extended

Lever Fabergé extends the Impulse range with a Limited Edition Sparkling Body Shimmer spray (£2.99) combining the new Siren fragrance with light-reflective particles for instant shimmer.

Lever Fabergé, Tel: 020 8439 6100.

Silk oil for water

Nivea Deodorant Silk, which contains Silk Touch Oil in place of water for a silky feeling. It is available as roll-on (50ml, £2.25) and aerosol (150ml, £2.35).

Beiersdorf UK Ltd, Tel: 0121 329 8800.

New shades for Kohl

Kohl Eyeliner Pencils (£1.69) from Collection 2000 in eight new shades. **Collection 2000 Ltd, Tel: 01695 727317.**

Bourjois bronzing

Libre Comme L'Air bronzing powders from Bourjois in two shades with the powder automatically dispensed from the brush (£9.95). **Bourjois Ltd, Tel: 020 7436 6110.**

Target imperfect skin

Vichy's new Normaderm range to target skin imperfections in women past their teens includes Deep Cleansing Gel for Clear Skin (£7.50), Anti-Imperfection Hydrating Care (£9.00) and Drying Concealing Anti-Imperfection Stick (£5.00). **Cosmetique Active (UK) Ltd, Tel: 020 8762 4030.**

over the
COUNTER

Eucerin®

Emollients



THE COLLEGE OF
PHARMACY PRACTICE

This tutorial has been designed to meet the requirements of the College of Pharmacy Practice in providing one hour of postgraduate education towards the College's continuing education requirement

Emollients play an important role in treating dry skin conditions. Regular and frequent use is needed for treatment regimes to be effective. This tutorial offers practical advice for medicines counter assistants to pass on to customers

Objectives

- To understand how emollients work
- To be aware of the different types of emollients
- To understand how emollients should be used
- To understand the role of urea in dry skin conditions
- To be aware of the different conditions that may benefit from an emollient

The word emollient literally means "to soften or soothe". Emollients are useful in most dry or scaly skin conditions and their function is to soothe, smooth and put moisture back into the skin so that it feels "normal". They also form a barrier, like the skin's natural oils, to keep water in the skin.

Emollients should be used frequently as their effects are short-lived. Even when a skin condition, such as eczema, has improved it is important to remind customers of the importance of using emollients regularly to keep the skin in good condition and reduce the chances of the condition appearing again.

Emollients may be one of two main types:

- ointments - heavy, oil-based preparations, eg soft paraffin
- creams - lighter blends of oil, water and emulsifiers, eg aqueous cream.

Some emollients may also contain a hydrating agent such as urea. This helps the skin to retain moisture for longer (*Box 1*).

The choice of emollient will depend on the degree of skin dryness, with more severe dry or scaly conditions requiring an oil-based preparation.

The choice of a particular emollient may also depend on where on the body it will be applied, and what the patient prefers. It is more important to recommend an emollient that the customer is happy with and will use frequently, rather than one they will not use at all.

Although emollients are meant to soothe and soften skin it is still possible that people might be allergic to some of the ingredients. This could show up as an "eczema" type reaction (*Box 2*).

Emollients are used mainly for eczema and dry skin conditions. They may sometimes be used for psoriasis, a condition where excessive skin scales can be shed. In psoriasis emollients help to reduce irritation and troublesome skin flaking.

Dry skin is especially common in children under 10 years and the elderly. Hormonal changes and illness may cause dry skin, along with external factors such as a dry environment, sunbathing, drug treatment and diet. Women tend to suffer from dry skin more than men.

Applying emollients

Emollients should be used regularly, at least twice every day and not just when the skin looks or feels dry. Regular use of emollients to keep the skin in good condition can reduce the need for steroid creams. Emollients are very safe and cannot be overused.

On exposed areas of skin such as the hands and face, emollients may be used more regularly. If there is an activity, eg swimming or gardening that is known to aggravate the skin condition then emollients should be used beforehand. For babies it is a good idea to protect hands and cheeks with an emollient before mealtimes to prevent irritation from food and drinks.

Regular and liberal use of emollients may mean patients can get through a 500g tub every week! It is also important to keep smaller tubs or pots around at work or school or even in the car to make sure the skin doesn't get the chance to dry out.

When beginning emollient treatment customers may wish to try a variety of products to make sure they find the one that suits them best.

The best time to apply emollients is about five or 10

minutes after a bath when the skin has cooled. The bath should be warm but not hot and the skin should be patted dry, not rubbed, to help reduce itching. The water content of the skin is at its highest after a bath and the emollient will help to retain this water.

As already indicated, the choice of emollient is a personal one. If customers prefer a water-based cream then it may be necessary to apply it more frequently. Lotions can be cooling on hot, dry skin. It may be a good idea to use different emollients at different times - lighter ones during the day and heavier preparations at night.

People with dry skin conditions such as eczema should avoid bubble bath, cosmetic or highly perfumed products when bathing as this may aggravate the condition.

Specialised bath additives such as Eucerin can help to keep the skin moisturised but they can



Box 1: Examples of emollients

- Eucerin
- Liquid and white soft paraffin ointment
- Diprobase

ake the bath slippery. The use of an anti-slip bath mat may be a wise precaution.

Emollients such as aqueous cream may also be used as a soap substitute.

As with other skin preparations emollients could be applied in the same direction as the hair lies on the skin.

If patients are using steroid creams for a flare-up it is important they do not apply them for at least an hour after the emollient. This may cause the effect of the steroid cream to be diluted. It is important to note that emollients containing urea can have the opposite effect of increasing the penetration of corticosteroids, dithranol and fluorouracil.

Urea – how does it help?

Urea is one of three natural moisturizing factors (NMF) found in the skin – lactic acid and amino acids are the other two. Naturally the skin takes urea from protein: it can be up to 7 per cent of the NMF in the skin's outer layer.

In conditions such as eczema and dermatitis the urea level in the skin is reduced by between 50 and 75 per cent of its normal level. As a result the skin's ability to bind and hold water is decreased and moisture is lost from the skin, leading to rough, scaly skin, irritation and inflammation. Using an emollient containing urea helps to hydrate the skin but, as noted earlier, it also helps other substances, such as steroid creams, to penetrate the skin more easily. Urea used in creams is synthetically

Examples of steroids

- Betnovate cream
- Hydrocortisone cream
- Elocon cream

produced and has not come from any animal or human source. It is not toxic, unlikely to cause allergies and is colourless and odourless. Urea's soothing effect on the skin can also help to relieve itching. The Eucerin range of skincare products contains different levels of urea depending on the severity of the skin dryness: the drier the skin the higher the concentration of urea required. There is also a Eucerin shampoo that helps to rehydrate dry and itchy scalps.

When to refer

Patients who have never suffered with dry skin conditions before should be seen by the pharmacist so that they can check it is dermatitis or eczema and not an infection or other condition that needs to be treated by the doctor.

If patients are using an emollient and finding that their condition is getting worse then it may be that they are allergic to one of the ingredients in the emollient. The pharmacist will probably recommend that they try another emollient with different ingredients.

Any weeping or pus coming from the area

should be seen by the doctor, as should any eczema that is getting worse quickly.

For further information refer to the *BNF* or your assistant training material. There are many websites providing information about healthcare but it's important to use a reputable one. Try:

www.talkeczema.com

www.bad.org.uk – the website of the

British Association of Dermatology

www.bbc.co.uk – a good general website for health and wellbeing

www.eucerin.co.uk – find out more about the Eucerin range.



EUCERIN EXTREMELY DRY SKIN TREATMENT CREAM AND LOTION

Prescribing information
Indications: For the treatment of ichthyosis, xerosis (especially in the elderly), hyperkeratosis and other chronic dry skin conditions such asopic eczema (dermatitis). **Presentation:** Cream and lotion contains urea EP 10% w/w.
Administration: Apply sparingly twice daily to the affected areas of skin and rub in. Do not allow to come into contact with the eyes or mucosae. Duration of use depends on the particular condition of the skin and should be established on an indi-

vidual basis. **Contra-indications:** Should not be used in patients with a known hypersensitivity to any of the ingredients. It should not be used to treat exocorticated acute inflammation of the skin. It should not be used on large areas in patients with renal insufficiency. **Warnings:** A doctor should be consulted if symptoms persist. **Interactions:** Urea may potentiate the release of active substances from topical preparations and their penetration into the skin. This is known in particular for corticosteroids, dithranol and fluorouracil. **Side effects:** Local skin irritation may sometimes occur if the product is applied in acute inflammatory skin con-

ditions or to sensitive skin. **Overdose:** Excessive topical use may cause skin irritation. This tends to resolve quickly when use is discontinued. **Accidental ingestion** is unlikely to produce toxic effects – oral doses of up to 100g/day urea (equivalent to six 150ml tubes) are considered safe. **Legal category:** GSL. **Pack sizes:** Cream 50m 150ml. Lotion 250ml.
Marketing Authorisation: Cream PL 14160/0003, Lotion PL 14160/0004. **For further information** Beiersdorf UK Ltd, 3500 Parkside, Birmingham Business Park, Birmingham B37 7YS. **Date of preparation:** September 21 2001

Test your understanding

Test your understanding by answering the following questions, then check your answers by phoning our telephone marking service on 08705 800287 for an immediate result.

Just listen to the instructions and press buttons 1 or 0 on your phone to indicate your answers: 1 indicates true and 0 indicates false. The telephone line will close on April 28, 2003. Please note that calls are charged only at standard national call rates.

If you want a certificate to confirm you have completed this College of Pharmacy Practice accredited course please complete the form below and send this panel (or a photocopy) to: Mary Prebble, Pharmacy Editorial Projects, CMP Information, Sovereign Way, Tonbridge, Kent TN 9 1RW.

Name _____

Pharmacy _____

Address _____

Phone no. _____

1 Emollients soften and hydrate the skin

☐ True ☐ False

2 Emollients should only be used when the skin feels dry

☐ True ☐ False

3 Emollients should not be used for psoriasis

☐ True ☐ False

4 Emollients should be applied before a bath

☐ True ☐ False

5 Betnovate is an example of an emollient

☐ True ☐ False

6 Urea helps the skin to retain water

☐ True ☐ False

7 Regular use of emollients may reduce the need for other treatments such as steroids

☐ True ☐ False

8 Old people and children are more prone to dry skin

☐ True ☐ False

9 Emollients should be applied against the direction of hair growth

☐ True ☐ False

10 Urea levels in the skin increase in conditions such as eczema

☐ True ☐ False

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Dare to bare

As the safe tan message hits home, more customers are buying higher factor products. **Sarah Thackray** finds out if we really need the sun at all for that 'feel good' sun-kissed look

Maybe it's because we see so little of the sun in the UK that we hanker after those warm rays to lift our spirits!

One reason the sun can make us feel happier is that it helps to generate the hormone serotonin in the brain.

Serotonin plays a complex role in the body, keeping moods under control by helping with sleep patterns, calming anxiety and relieving depression.

It's probably down to the vagaries of the British weather but, when the sun does shine in the UK, we don't take the safe sun message as seriously as when we are on holiday abroad.

According to Cancer Research UK, people underestimate the strength of the sun in the UK. Nearly six out of 10 men and four out of 10 women never use a protective cream during sunny periods at home. Yet almost half of these people say they have been burnt more in the UK than when abroad. And the majority of people who have been burnt were involved in an outdoor activity rather than actually sunbathing.

Cancer Research UK stresses the importance of covering up not only when sunbathing but also when playing sport or even when out shopping on a sunny day. "Most people know that too much sun exposure causes sunburn – but few people realise that the sun's rays actually cause damage to the DNA in the skin," says skin cancer expert Dr Mark Birch-Machin. He warns: "Accumulation of this damage can lead to a skin cancer time bomb."

Latest figures for skin cancer show that cases of malignant melanoma are

continuing to rise in the UK. Dermatologists advise people to check their skin regularly and report any unusual changes without delay.

Safe sun message

Cancer Research UK recommends that people should always use an SPF15 or higher sunscreen with UVA protection – even if they already have a tan. Sunbeds or tanning lamps should be avoided.

One of the difficulties of getting the safe sun message across to customers is in explaining two systems used to provide protection against UVA and UVB radiation. More than half of pharmacists believe that customers do not generally understand how the SPF system works, according to a recent IntraPharmQ survey. And three quarters of pharmacists think the information on UVA offered by sunscreen is confusing.

UVB rays cause immediate reddening and result in burning and blistering after too much sun exposure. Scientific studies confirm that sunburn may store up problems for the future with the development of skin cancer, including malignant melanoma – the most dangerous form of skin cancer. The SPF system is used on all sun protection products and allows the user to calculate how long they can stay in the sun without burning.

UVA rays cause skin ageing but not burning. Long-term exposure to UVA rays can lead to skin cancer. The UVA star system is a measure of protection against UVA radiation with a four-star product offering maximum protection.

Many holidaymakers are now heeding warnings about the risks of sun exposure and buying higher factor products. Sun products with an SPF of 15-19 are the most popular in pharmacies, followed by products with an SPF of 30 or over. Lotions are the number one choice for most people, with sprays being the second favourite because they are easy to apply.

Suncare or skincare?

The boundaries between suncare and skincare are becoming increasingly blurred. Many sun protection products now incorporate ingredients to offer moisturising and anti-ageing benefits.

L'Oréal has combined its skincare and suncare know-how to develop a new premium

Test your knowledge
Sponsored by

Malibu

see
page 33

ncare range. The Solar Expertise range is
mulated to stimulate the different cellular
processes to reinforce the skin's natural self-repair
and defence mechanisms.

Latest technology has also improved suncare
products for those with sensitive skins. Beiersdorf
has improved the Nivea Sun Sensitive Sun
protection range to help sensitive skin sufferers lead
normal lives throughout the summer.

These products help reinforce the skin's
resistance to sun sensitivities which can be
aggravated by free radical activity triggered by
UV light exposure.

For skin prone to sun induced allergies, the
launched Piz Buin Allergy range contains
manduline (derived from almonds) which has
soothing properties.

Skincare for men

Men are particularly at risk from the sun as they
often mistakenly believe they need less protection
than women and opt for lower SPF numbers or
none at all. Mintel's research shows that 27 per
cent of men never wear suntan oil, lotion or
cream compared with just 15 per cent of women.
Although more men are coming around to the
idea of using skincare products, many complain
about greasy, girly-smelling products that take
too much time to apply. Garnier's answer to this
problem is a no-fuss sun spray targeted
specifically at men. New Garnier Ambre Solaire
Sun Protection Spray SPF 12 has a quick-

(SPF30) light green milk for children in a trigger
spray bottle. The coloured mist allows controlled
application so it is easy for parents to see where
they have applied the product and ensure that all
exposed skin is protected.

A novel addition to the Banana Boat Kids
range for this summer is an SPF30 Sunscreen
Stick which comes with a free belt clip.

*Note: Cancer Research UK stresses that babies under
six months should never be put out in the sun.*

Faking it!

More people than ever before are happy to fake it
to get the 'feel good' factor that can come with a
year-round sun-kissed look.

As Mintel reports: "Self-tanning products have
shaken off the stigma associated with earlier
formulations that produced unreliable, streaky
and unrealistic results."

Improvements in these products mean latest
formulations produce results that are closer to
natural skin tones than the rather 'orangy' look
of the past.

They are also easier and more pleasant to use
with the distinctive smell of dihydroxyacetone
(DHA) masked in most products. DHA
reacts with amino acids in the skin to produce
melanin-type compounds in the outer skin layer.

Despite these advances, the right preparation
of the skin is still essential for streak-free results
and to avoid getting patches on dry skin.

Most brands provide instructions on how to

People underestimate the strength of the sun in the UK

ing, non-sticky formula which is oil- and
fragrance-free (so no concerns about smelling
like a girl!).

For those who don't want to reapply their sun
products during the day, Riemann P20 is applied
once a day to clean, dry skin 90 minutes before
stepping out into the sun and offers SPF20
protection throughout the day.

Child's play

The key to children's suncare is to make it fun as
well as effective with products like coloured
sprays and lotions growing in popularity. Garnier
Ambre Solaire has a new high protection

exfoliate and prepare the skin before application
of self-tan products. Some self-tan brands
(including Lenthéric Easy Bronze and Rimmel
Sunshimmer) have a pre-tan exfoliator in the
range. Latest products make it easier and faster to
create a more even-looking tan without the sun's
harmful rays.

Malibu's new Smoothing Self-Tanning Gel
with vitamin E is non-greasy and quick drying.

The new Banana Boat Sunless lotions and
sprays, which come in Soft Medium and Deep
Dark blends, contain a 'colour indicator' to help
eliminate streaking and give an even tan.

Coty has improved three self-tan products in
the Rimmel Sunshimmer
range, including Ultra Caring
Body Bronzer Self Tan Milk
which has a new moisturising
formula for a streak-free tan in
one hour.

Mintel predicts a
glowing future for self-tan
products. Artificial tanning
has lost its negative image
and is now seen as a
credible and less harmful
alternative to obtaining
a sun-induced
tan. ©

Test your knowledge

Win a bottle of champagne with Over The Counter and



Check out what you learned in our
suncare feature and you could win a
bottle of bubbly. Just tick the correct
answers to the questions below, fill in
your details and send off the form.
The first correct form out of the hat
on the closing date of April 30 will be
the winner.

**1 The sun helps generate which
hormone which has a 'feelgood'
effect?**

a Progesterone **b** Adrenalin
c Serotonin

**2 Cancer Research UK advises that
everyone use a sun product with
which SPF, even if they have a tan?**

a 8 **b** 15 **c** 30

**3 How many stars indicate
maximum UVA protection?**

a Two **b** Four **c** Six

**4 According to research for
Malibu, what percentage of men
and women don't use a sunscreen
on holiday?**

a 12 pc of men/eight pc of women
b 24 pc of men/16 pc of women
c 48 pc of men/32 pc of women

**5 Cancer Research UK's advice
on sunbeds and tanning lamps is:**

a It's OK to use them
b Limit your use to a small number of
sessions per year
c Avoid them

Name _____

Pharmacy _____

Address _____

Send your entry to: Test Your
Knowledge, Over The
Counter/Malibu,
Sovereign House,
Sovereign Way,
Tonbridge, Kent
TN9 1RW



Reluctant men

According to research for Malibu by NOP last year, men are
more reluctant to use a sunscreen. The survey found that:

**24 per cent of men and 16 per cent of women still don't
use a sunscreen on holiday**

Young people seem to be more aware of the dangers of sunburn
as only 9 per cent of those aged between 15-24 don't use a
sunscreen on holiday

**46 per cent of those aged 65 and over don't use a
sunscreen on holiday**

61 per cent of females apply sun lotion more regularly today
than five years ago

The P20



Everest Summit, photo Stuart Pearce



"My life as a cameraman takes me to some of the world's hottest and most treacherous locations and when I'm working I don't want to think about sun protection. I use **P20** because I can just put it on and it stays on and gives me the protection I need."

Sebastian Rich

Award winning war cameraman;
current affairs and documentary film-maker.



Visit the P20 web

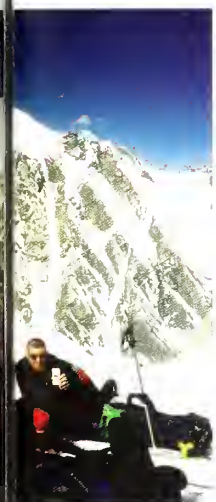
The examples given above are extreme
over exposure to the sun is not recommended.
Read the **P20** instruction leaflet carefully
before use.

P20 is available from all major wholesalers

enomenon!

avelling alone, or as a family, from the beach to the
opes, from the desert to the jungle, wherever you're
going, P20 should be with you every step of the way.

o Sunfilter is simple to use, non-greasy and fragrance
e. Although P20 gives high protection (SPF 20) against
e sun's burning rays, this revolutionary sunfilter still
lets your skin develop a golden tan.



"Mountaineering exposes us to challenging conditions and extremes of temperature. It takes all our concentration and we don't have time to constantly worry about sun protection. But we know we can rely on P20 to protect us throughout the day. It's brilliant."

Dave Pitt

Jim Pinkerton

Adventure Peaks
Worldwide
Mountaineering
Expeditions



Photo copyright D C Thomson & Co. Ltd

Rosie Swale

Round-the world yachtswoman,
marathon runner & adventurer



"I never go anywhere in the world without P20 for protection. Whether I'm training in the UK, or running in the sun-scorched Sahara Desert, over ice-caps in Iceland, or in the sweltering jungles of Cuba, I rely on remarkable P20. It's never let me down."

www.p20.co.uk

Keyline Brands Ltd., 3/5 Armstrong Way,
Great Western Industrial Park, Southall,
Middlesex UB2 4SD

or call Keyline Brands Ltd. on 0208 893 5333

Suncare products



Malibu's new dry oil gel

Budget suncare brand Malibu is building on the success of its dry oil sprays with new Dry Oil Gel this summer. The new gel (200ml, SPF8, £4.49/SPF15 £5.49) is waterproof and sweatproof and dries quickly with no stickiness.

Also new this year are: SPF15 High Protection Facial Fluid (75ml, £4.99), a light, waterproof lotion containing avocado oil for moisture, olive oil and Chardonnay grape extract for antioxidant action;

Aloe Vera Moisturising After Sun Gel (200ml, £2.99) Moisturising After Sun Glitter Gel (200ml, £3.99) with aloe vera, pro-vitamin B5, vitamin E, allantoin and cooling menthol with added glitter for apres sun fun; Smoothing Self-Tanning Gel (150ml, £3.99), a non-greasy, quick-drying gel with vitamin E.

Malibu Health Products International,
Tel: 0208 758 0055.

Cyclax has it covered

Endorsed by a Royal Warrant, Cyclax Sun Protection is formulated from natural ingredients such as green tea, jojoba oil, shea butter, cucumber, mint extract, aloe vera and neem oil.

The range offers SPF2 to SPF45 Babies and retains a single pricing structure across all SPFs, with 100ml packs retailing at £2.99 and 250ml at £5.99. This, says the company, encourages customers to buy products based on need rather than budget.

Richards & Appleby Ltd,
Tel: 01685 843384.



The Calypso six

Linco Care is launching six new Calypso sun products for summer 2003.

Calypso Sun Protection Mousse SPF4-30 Ultra-absorbent retails at £4.99-£8.49 for 200ml. After Sun Soothing Body Mousse (200ml, £3.99) is formulated to penetrate deep and help protect the tan and Moisturising Self-tanning Mousse (200ml, £4.99) is rapidly absorbed to help a tan develop more quickly.

The three hair products are: Calypso Hair Protection Conditioning Spray (300ml, £4.00), After Sun Hair & Body Shampoo and After Sun Conditioning Hair Balm (both 300ml, £3.00).

Linco Care Ltd, Tel 0161 777 9229.

E45 Sun helps protect

E45 Sun Lotion (SPF15 and 30) is an extra gentle formulation which helps protect skin from the sun and contains moisturisers to keep it soft and supple. Hypo-allergenic, perfume-free and water-resistant, the lotion is suitable for children and adults with dry and sensitive skin and mild to moderate eczema. E45 Sun Block, in SPF 25 and 50, uses non-irritant mineral sunscreens and can be used on infants and extremely sun-sensitive skin. An SPF25 Sunstick and Aftersun are also available. Pack sizes are 150ml for all except Aftersun (200ml), with retail prices from £3.49 to £10.79.

Crookes Healthcare Ltd
Tel: 0115 953 9922.



Nivea for sensitive souls

New from Nivea for summer 2003 is Nivea Sun Sensitive Sun Lotion, formulated to help protect sensitive skin in the sun and help minimise sun sensitivities.

The SPF15 and 30 products contain Alpha Flavon, an antioxidant derived from rutin to help protect against free radical activity. The mild, intensive moisture formula is free from emulsifiers, preservatives and artificial colouring. The SPF60 product has been formulated to offer maximum protection from an easily-absorbed, mild formula. The lotions are all water-resistant and presented in a pump balm pack. A 150ml pack retails at £10.99 SPF15, £11.99 SPF30 and £13.49 for SPF60.

Also new this year are Satin Sheen Sun Lotion SPF15, Firming Sun Lotion SPF25, Children's Sun Block SPF60 and Sun Touch Self Tan Cream for fair and normal skins.

Beiersdorf UK Ltd, Tel: 0121 329 8800.



New launch from Banana Boat

Banana Boat has a raft of new products for summer including a sports range, new kids products and sunless and indoor tanning products.

The Sports range is waterproof, sweatproof and long lasting, with a range of SPFs from 15 to 48, while new in the Kids range is an SPF30 Lotion which is hypoallergenic and fragrance free, at £9.99 for 236ml and a factor 30 Kids Sunscreen Stick (£5.99).

For self-tanning there is the Sunless range, offering Soft Medium and Deep Dark blends with a colour indicator to help eliminate streaking. Retail prices are £7.99-£8.99. For sunbed fans, there is a range of indoor tanning products including lotions and sprays plus a skin cooling tan booster.

Playtex Products Inc, Tel 01954 719899.



Cambridge Counterpart Pharmacy Assistant Development



The articles overleaf are taken from the seventh module of the revised Cambridge Counterpart training course for pharmacy assistants. Module 7 is on indigestion and covers topics including the causes of indigestion, antacids and motility disorders.

This is just a sample of the course to show you how it is structured. To meet the Royal Pharmaceutical Society's standards for medicines counter assistants you will need to register for the course. You can sign up using the form below. Everyone who registers for the revised course will receive a free folder to store their coursework.

Cambridge Counterpart is a 14-part modular distance learning course that covers everything you need to know to work effectively on the medicines counter. Counterpart is brought to you by Chemist & Druggist and Wyeth Consumer Healthcare.

Test your understanding – sample questions

Only tick the boxes that are correct statements or correct answers to customer questions.



1 The stomach produces juices containing acid and saliva.

☐


2 The lining of the oesophagus is coated to protect it from the effects of stomach acid.

☐


3 "Don't worry, being overweight doesn't cause indigestion"

☐


4 Feeling sick, vomiting, pain, wind, biliousness, belching and feeling bloated can all be symptoms of indigestion.

☐

How to register

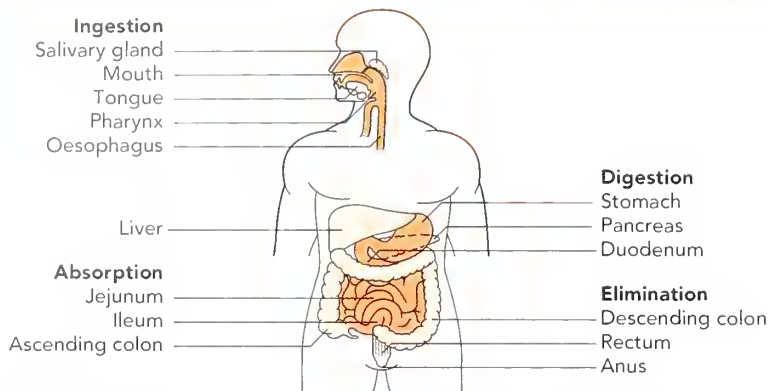
Each assistant must be registered for telephone marking and certification at a cost of £35.25. Each assistant will also need access to a training pack. A pack costs £23.50 and can be used by up to four assistants.

Post your completed form, with a cheque payable to CMP Information Ltd, to Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

Registration Form

For further information or to pay by credit card, call Mary Prebble on 01732 377269.

Pharmacist		
Pharmacy		
Address		
	Post Code	
Telephone Fax		
Course registration fee of £35.25 per person		
Name		£
Name		£
Name		£
Name		£
	Sub total	£
Please include () sets of modules at £23.50 each		£
All prices include VAT		Total £



A common condition

 Most people suffer from stomach upsets or indigestion at some time. The cause may be obvious, such as eating or drinking too much, but sometimes indigestion occurs after every meal, no matter how bland the food.

 The term indigestion, also known as dyspepsia, means different things to different people. So if customers complain of it, find out exactly what they mean. They may describe a wide range of symptoms including feeling sick, vomiting, pain, wind, biliousness, belching and feeling bloated. The word heartburn is used to describe a sharp, burning pain in the centre of the chest behind the breastbone.

Process of digestion

 Digestion starts as soon as we eat or drink. The saliva, as well as moistening food and making swallowing easier, contains an enzyme which starts to break down starches in the diet. After swallowing, food passes down the food pipe (oesophagus) and into the stomach. The stomach entrance has a ring of muscles, the gastro-oesophageal sphincter, which usually acts as a valve to prevent food passing back upwards again.

At the other end of the stomach another valve (the pyloric sphincter) opens at intervals to allow partly digested food to pass on into the duodenum, the first part of the small intestine. The small intestine is a long tube (3–4 metres) where digestion continues with the aid of juices from the pancreas and liver, and from which the broken down food products are absorbed.

The stomach produces juices containing acid, which helps to destroy bacteria; pepsin, an enzyme which breaks down proteins; and hormones to control the rate at which the stomach empties into the duodenum. These gastric juices are secreted in response to eating and drinking, or even when we are just thinking about food.

Eating and drinking also stimulates the muscles of the gastrointestinal tract to contract in waves which propel the food along. This process is known as peristalsis.

Causes of indigestion

 Indigestion is often caused by too much acid in the stomach, which irritates the lining, or from the acid being in the wrong place, such as the oesophagus.

The stomach lining is coated to protect it from the effects of the acid. The oesophagus is not. If the stomach is over-full, or the entrance valve is relaxed for any reason, the acid contents can pass back (or reflux) into the oesophagus, causing pain.

Smoking, alcohol, the caffeine in tea and coffee, and fatty foods all make this valve less effective, allowing acid to creep back into the oesophagus. Fatty and fried foods stay in the stomach longer, increasing the time during which acid is produced.

Spicy and acidic foods can bring on this burning sensation by irritating the oesophagus directly.

 Eating too quickly and not chewing food well enough can also cause stomach discomfort. Flatulence or wind is often the result of swallowing air during rushed meals. People who are always on the go and never sit down to a relaxed meal are laying themselves open to problems. Stress, worry and getting over-tired can also bring on symptoms or make them worse. This is sometimes known as nervous dyspepsia.

Some medicines such as aspirin, ibuprofen and iron tablets may cause indigestion and are best taken with or immediately after food. A marked change of diet may also bring on symptoms.

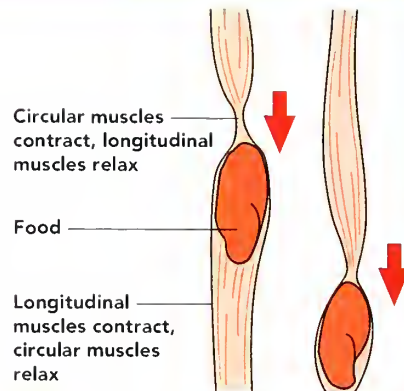
Remember to use the WWHAM approach!

It is particularly important to ask the WWHAM questions when recommending medicines for indigestion. Firstly, you need to know how long the customer has been suffering, so you can distinguish between an occasional attack caused by a hasty meal or overeating, or something more serious which needs the pharmacist's attention. Finding out if the person has already tried over the counter medicines also helps you to assess how serious the condition is.

It is also important to ask if customers are taking any other medicines – either on prescription or over the counter – in case these are causing the symptoms.



■ People who have tried more than one product without success should be referred to the pharmacist.



 **Advice:** much advice on avoiding simple indigestion involves a change of diet and lifestyle, so you will need tact if you have to persuade people to give up a few of life's pleasures! Over-indulgence in alcohol and rich, fatty foods are well-known culprits.

- Sufferers should try to avoid other foods they know upset them, be it coffee, hot spices or pickles. Some people cannot digest foods such as milk or milk products like cheese. Others have a definite allergy to certain foods and react quite violently, with vomiting and skin rashes.
- Avoid medicines known to irritate the stomach, such as aspirin or iron tablets.
- Suggest that customers try to keep to regular mealtimes and avoid eating in a hurry.
- Stopping smoking may help. This will probably be difficult, so suggest the customer tries it for a couple of weeks. If the indigestion improves, he or she might be persuaded to give up permanently!
- People who are overweight, particularly around the midriff, should be encouraged to lose weight.
- Exercise helps to improve the tone of the gut muscles and encourages food to pass through the stomach, so suggest that people with sedentary lifestyles become more active if possible. A brisk walk may cure a sludgy feeling around the middle!
- Constipation may make the stomach uncomfortable, so customers should try to eat a high fibre diet, replacing fatty foods with wholemeal bread and cereals and eating at least five portions of fruit or vegetables a day (although some people find that acidic fruits such as oranges and grapefruit aggravate the symptoms).

 **Treatment:** symptoms can be relieved in two ways – by neutralising excess acid in the stomach with simple antacids or by stopping the stomach from producing acid using H_2 antagonists.



Walking wounded

Anyone who spends a great deal of time on the go knows just how miserable it is to suffer problems with feet and legs.

Jeremy Clitherow MBE, FRPharmS, takes a look at four typical pharmacy customers and the advice and treatment they need

We tend to take our legs and feet for granted. As mechanical devices, our legs are wonderful but complex machines. They outperform all other invented suspension systems, providing us with our posture and transport. However, have you ever thought about the punishment we give them each and every day behind the counter?

Let's take a look at four different, but all too familiar, customers who may come into the pharmacy for help and advice.

The athlete

This young man is in obvious good health. He is strong and fit, but is asking for something for athlete's foot. He knows what the itching between his toes is likely to be and wants something to 'fix' it, once and for all. So, what should we ask?

First, our best ally in the pharmacy, the open question. "Tell me about your feet. How long have you had the problem? What have you tried in the past?" These questions will start the dialogue.

As the story unfolds, we are likely to hear that he has always had itchy feet, but now his toenails are involved. "How so?" you ask. He will describe soggy inter-digital webs (the skin between the toes) with the occasional water blister on the instep, and an uncontrollable urge to scratch, particularly at night. Then we arrive at the crux of the story. One of his big toenails is beginning to lift away from its nailbed, quite painlessly, and has developed a yellowish tinge in a ribbon shape down the edge.

The diagnosis has to be a longstanding infection with the athlete's foot fungus, *tinea pedis*, and the infection has spread to the nails, probably because of neglect. Our customer may well have tried every product on the

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Elastoplast

see page 42

First, our best *ally* in the pharmacy, the open question

market already, but the root cause of his problem is going to be either re-infection or incomplete treatment.

His case history tells of his regular and frequent trips to the gym, communal showers and other athletes walking around in their bare feet. All these factors will predispose him to re-infection, but it is the telltale yellowing of the toenail which points out the long duration of the infection. The yellow colour is caused by the slow release of sulphur by the micro-organisms and while treating the skin of the feet is quite straightforward, the nails are a different matter.

Many GPs now prefer to treat nailbed infections with oral medication rather than topically. It is as well to ask the local surgery what their policy is on such matters beforehand and ensure that your advice does not conflict with theirs.

The athlete

- **Diagnosis:** *Tinea pedis* infection.
- **Exacerbating factors:** Warm, damp and contaminated environments; synthetic footwear and stockings; poor attention to foot hygiene
- **Treatment:** Modern topical antifungal creams.
- **Future precautions:** keep inter-digital webs clean and dry; wear natural fibre stockings and shoes; avoid walking barefoot in communal areas; monitor the feet more regularly.
- **Reminders:** This is contagious: use separate towels and observe anticontagion precautions until clear of all infection.



The hairdresser

Every single medicine counter assistant will empathise with this patient. She stands up all day long and by the end of the shift can only think of one thing – her aching legs and feet. Any thought of going out dancing after work is a no-go area. So, what should we ask?

Close questioning will reveal that she suffers from hot, tired legs more than aching feet. She wears high heels at work because they are fashionable and also because she is only five feet tall! She is also worried that the thread-like veins which have developed over the last few months will develop into those unsightly knobbly bluish varicose veins her mother has.

A quick look will show that she has not, yet, developed fallen arches and that the balls of her feet are still in good shape. Do be careful though. Fallen arches can be deceptive. Feet may often

appear to be well arched – that is until you put your weight on them, when they flatten. The acid test is, literally, the footprint. Have a look at the shape of the patient's footprint. If the metatarsal arch is intact, the footprint will clearly show it.

Our customer also explains that, by the end of the day, her ankles can sometimes be so swollen that she can't put on her outdoor shoes.

This case study is a good example of prevention being better than cure. Most of her problems are caused by her

working practices. She has to stand up all day to do her work, but she could benefit by taking regular breaks and 'putting her feet up' for five minutes. She could start using leg exercises and consider wearing low compression elastic stockings. Most of all, though, she should start wearing 'sensible shoes'.

She would probably welcome a few words of advice on keeping her weight down because that, more than anything else, will save her legs. If her mother has varicose veins, there may be a family trend towards them, but elastic stockings could slow the process.

The swelling of the ankles at the end of the day is an issue for the GP. It could be as simple as fluid retention, constipation, menstrual complications, or something more serious. Let the GP check it out, to be on the safe side.

The Elderly Traveller

This couple are off to see their family in Australia and have read about the risks of developing Deep Vein Thromboses (DVTs) during long flights. They are also worried that their age is against them.

This is an ideal opportunity to practise some community pharmacy. This couple are right to be concerned, but not more than that, and our role is to give them the facts and the appropriate advice. The truth is that everyone is potentially at risk of developing DVTs during long-haul flights. There is new evidence that any travel which involves

The hairdresser



- **Diagnosis:** Occupational hazard
- **Exacerbating factors:** High fashion shoes, standing still for long periods
- **Future precautions:** Regular leg exercises, routine rest breaks, support stockings. She may also like to try a supplement formulated to promote the health of veins, especially in the legs
- **Reminders:** Wear 'sensible shoes'

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see page 42

ing still for periods of four hours or more involves a risk, en for those people who have never experienced any od clotting problems.

Help is at hand, though. The air travel companies and e airlines themselves produce and distribute very helpful d informative leaflets which are there for the asking. The flight videos all show foot and leg exercises at the beginning of the flight and the cabin staff are there to help d advise. Travellers should also take heed of the useful line advice to have plenty of non alcoholic drinks, not too uch caffeine and go walkabout whenever possible during e flight.

The elderly travellers



Exacerbating factors:

The House of Lords Select Committee on Air Travel and Health has identified the following higher risk factors:

- Personal or family history of blood clots
- Age over 40
- Pregnancy
- Female hormone medications
- Height over six feet tall or under five feet
- Obesity
- Malignant disease

- Varicose veins
- Heart disease
- Recent surgery, esp to lower limbs or abdomen
- Inherited blood clotting problems
- Prolonged immobilisation
- Precautions:** Follow airline advice on alcohol, walking, exercising legs, and use the special hosiery designed for use when flying
- Reminders:** Be alert to any problems, even after arriving

The elastic stocking manufacturers have been extremely possible and helpful in this regard. They now produce a ge of 'flight socks' designed for travellers. These socks a graduated compression on the lower leg to aid the ulation and help prevent circulatory problems. It is very ortant that the correct support is used. Just read the

This is an **ideal** opportunity to practise some community pharmacy

box, or, for the computer-literate, check out the websites!

The story doesn't end with disembarkation in Australia. DVTs can strike after landing, so a little vigilance is needed. Long-haul flyers should be on the look-out for unusually persistent swelling of the ankles, hot and swollen calf muscles and/or any change in skin colour.

The Dedicated Follower of Fashion

Our next patient is a young twenty-something, in the centre of the fashion scene and with plenty of money to spend on her accessories. The words 'walking fashion statement' describe her perfectly. Unfortunately, tottering fashion statement might be more appropriate. If not now, it soon will be. She has trouble with aching feet and is now beginning to complain that her toes are 'going out of shape'. These are all the classic symptoms of the foot fashionista.

The trends in shoes follow patterns, just like all the other rages. Over the years we have seen some real peaks and troughs. Depending on your particular vintage, you may remember the thick cr pe soled shoes of the Teddy Boy era, or wrinkle pickers, or thigh length boots, or stilettos, or platforms. These trends come and go, but, with some of them comes a longer-lasting legacy – foot damage.

In physics at school, we learnt that pressure is weight per unit area. The average 10 stone well-built youngster will be carrying all of his/her weight on two small areas of contact with the ground. You will also recall from footprints in the sand that only a smallish part of the foot actually touches the ground. The rest of the foot is arched, to give some spring in the step, and we walk, mostly, on the toes and the balls of the feet.

As a very rough rule of thumb, the average adult footprint is of the order of nine inches by three, at the most. Now, if you walk in high heels, all the weight is pitched forward on to the balls of the feet and the pressure per square inch easily doubles! What do we tell her?

On questioning her about her shoes, it is little wonder that she has persistent hard skin on the balls of her feet, where

the pressure and friction are greatest. She has aches and pains in her feet and calf muscles and her feet are decorated with sticking plaster, covering her ever-present blisters. Her big toes are turning inwards because of the sideways compression of the shoes. Bunion formation looms, too.  

The fashion victim



Diagnosis: Badly fitting or extreme fashion shoes are damaging the feet

Exacerbating factors: The need to wear the latest style

Future precautions: The remedy is simple, but may not be totally acceptable. A change of footwear lifestyle, perhaps starting off by changing shoes during the day, varying the heel height and 'pinch factor'. It's also important to make sure she is wearing the correct size. Creams, lotions and foot files may help with the hard skin and corns and bunions made more comfortable. Plasters will protect blistered or raw areas from infection and further damage

Test your knowledge
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Elastoplast

see page 42

Feet and legs products

Feet first for Elastoplast

Elastoplast is introducing Elastoplast Footcare to tackle common foot problems.

The range includes new hydrocolloid Elastoplast Blister Plasters in packs of six large or eight small (£4.89). The plasters stay on for the life of the blister, cushioning, protecting and helping to speed up healing.

For painful corns, the range offers Corn Plasters (10, £3.25) with salicylic acid to soften the corn so it can be removed easily; Elastoplast Bunion (10, £3.79) and

Corn Relief Pads (20, £3.49) to cushion sore toes and feet with self-adhesive polypropylene rings.

To keep feet cool, fresh and comfortable are Elastoplast Refreshing Deodorant For Feet Spray (150ml, £4.09) and Elastoplast Moisturising Footcream (75ml, £4.09) with soothing chamomile.

Beiersdorf UK Ltd,
Tel: 0121 329 8800.



Activa targets travellers



Activa Healthcare continues its venous disease awareness campaign Take Care of Your Heart's Little Helpers with the Activa Class 1 DVT Air Sock (£9.56). It provides a compression level of 14-17mmHg, the minimum health professionals recommend for helping to prevent DVT in high risk consumers.

Activa offers training and support to pharmacies in conjunction with the NPA and has consumer leaflets on DVT and on venous disease.

Activa Healthcare,
Tel: 01283 540957.

Knee Highs extend flight range

Scholl is extending its range of Flight Socks with Scholl Flight Knee Highs (£12.99) – a new ladies' 30-denier product in black or neutral. Scholl Flight Socks now have an improved 'cotton feel' and both the socks and knee highs incorporate improved fit, feel and appearance, with a compression level of 14-17mmHg. New-look packaging has also been introduced.

The launch is being supported with a £1.5 million advertising and educational campaign to continue to raise public awareness of DVT.

SSL International plc,
Tel: 0161 654 3000.



Win a bottle of champagne with Over The Counter and Elastoplast

Check out what you learned in our footcare feature and you could win a bottle of bubbly. Just tick the correct answers to the questions below (there may be more than one correct answer), fill in your details and send off the form. The first correct form out of the hat on the closing date of April 30, will be the winner.

1 In athlete's foot, when a toenail is lifting away from the nailbed it is a sign of:

- a** Longstanding infection
- b** Acute infection
- c** The early stages of infection

2 Yellowing of the nail is caused by:

- a** Overuse of medication
- b** Lack of air to the site
- c** The slow release of sulphur by micro-organisms

3 If someone's job means they stand all day and it is affecting their legs they may:

- a** Use leg exercises
- b** Use a misting spray to cool legs
- c** Try low compression elastic hosiery

4 DVT appears:

- a** Within two hours of take-off
- b** In the last hour of the flight
- c** It can appear even after landing at your destination

5 Badly fitting shoes can cause:

- a** Bunions
- b** Areas of hard skin
- c** Blisters

Name _____

Pharmacy _____

Address _____

Send your entry to: Test Your Knowledge,
Over The Counter/Elastoplast, Sovereign House,
Sovereign Way, Tonbridge, Kent TN9 1RW

Carnation has the cap for corns



A £250,000 press advertising campaign for Carnation Corn Caps begins in May in national, women's and lifestyle press, continuing through the peak summer footcare season.

Carnation has 28 over the counter products for foot problems. Carnation Corn Caps remove 95 per cent of corns within 10 days and each pack contains five plasters with a measured dose of salicylic acid. Plasters should be changed every two days.

Activa Healthcare, Tel: 01283 540957.

Turns heads not

The painkiller in Panadol Tablets works differently from other painkilling ingredients in that it relieves your customers' pain and is unlikely to upset their stomachs – no wonder it is the UK's most prescribed painkiller. Now, with a stunning new pack design, Panadol Tablets will turn heads as well as clear them.

Panadol is the UK's fastest growing £5m+ pain relief brand*. What's more, with a new £2.8million advertising and PR campaign, we aim to keep it that way.

stomachs.



paracetamol

PANADOL TABLETS. ACHING HEADS TAKE THEM. HEADS STOCK THEM.

Presentation: Each tablet contains Paracetamol Ph Eur high strength 500mg. **Indications:** Paracetamol is indicated for the relief of mild to moderate pain, including headache, neuralgia, rheumatic and muscle pains, pain due to non-serious arthritis, dysmenorrhoea, sore throat and teething. **Contraindications:** Paracetamol should not be taken concurrently with other paracetamol-containing products. Use in pregnancy should be on doctors' advice. Not contraindicated in breast feeding. **Children 6-12 years:** Half to one tablet up to four times daily. **Children 13 years and over:** Two tablets up to four times daily. Not more than 8 tablets in 24 hours. **Children 6-12 years:** Half to one tablet up to four times daily. **Children under 6 years:** Not recommended. Do not exceed the stated dose. **Side effects:** Paracetamol: rarely hypersensitivity including skin rash; very rarely, reports of blood dyscrasias (not necessarily causally related). **Overdosage:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal category:** 16's, GSL, 32's P. **Product licence number:** 00071/5074R. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS. **U.K. Package quantity and RSP:** 16's £1.79, 32's £3.05. **Date of last revision:** February 2003. Panadol is a trade mark. **IRI MAT Dec 02.**

Feeling irritable?

Consultant pharmacist **Mary Allen** investigates a condition which affects up to one in five people in the Western world. So what is IBS and how can pharmacy help sufferers keep their condition under control?

Symptoms range from mild to incapacitating, restricting the sufferer's life by causing abdominal cramps, urgent diarrhoea and other unpleasant symptoms. This is irritable bowel syndrome, or IBS, a distressing condition affecting muscle movement in the bowel. IBS should not be confused with IBD, which stands for Inflammatory Bowel Disease and includes illnesses like colitis and Crohn's Disease.

IBS usually affects people aged 20-60, generally starting in early or middle adulthood, and tending to be more common in females than males. It affects around 15-20 per cent of the Western population and, in the UK, IBS is responsible for a significant demand on our health services. It is the most common gastrointestinal condition encountered by general practitioners and hospital specialists – and it costs the NHS nearly £50 million each year.

IBS has psychological and social implications. A survey of 2,500 sufferers a few years ago showed that nearly three-quarters felt that IBS had an adverse effect on their lives, half reported that they sometimes needed to cancel social arrangements because of an attack, and around a third said it had a negative effect on their close relationships. Yet, despite this, only around a third of sufferers consult their GP about the problem.

What happens in IBS?

In the normal intestine, smooth muscle in the intestinal wall causes muscular contractions which propel the bowel contents smoothly and painlessly along its length. In IBS sufferers these contractions become strong and painful.

Frequent symptoms of IBS include painful, colicky spasms in the abdomen, which may be worse after eating or at night. Sometimes the pain can be relieved by defecation.

Other sufferers may have alternating constipation and watery, painless diarrhoea. Other symptoms may include a rumbling tummy with increased wind and a distended abdomen.

Some sufferers may feel as though they haven't completely emptied their bowels after going to the loo, while others may experience a short-lasting but sharp pain low in the rectum (back passage) which may be associated with abdominal or colicky

pain. Symptoms may subside and even disappear for long periods but may recur throughout life.

Because IBS shares symptoms with other disorders it is not always easy to diagnose, and anyone with recurrent diarrhoea or constipation should always be referred to the GP to eliminate the possibility of more serious causes.

What causes IBS?

The cause of IBS isn't fully known. It may be due to several factors and involves triggers such as stress, gastrointestinal infection, abdominal surgery, eating disorders, pelvic disorders, food intolerances, antibiotic therapy and even child abuse. Psychological factors can make the condition worse.

At present, there are no reliable diagnostic tests for IBS. Experts now think that, rather than being a condition which affects only the gastrointestinal tract, it is more likely to be a multi-system disorder – in other words, it may cause other symptoms including fatigue, backache, urinary frequency and sleep disorders. Where this happens, sufferers sometimes feel these non-bowel symptoms are even more distressing than the classic symptoms of abdominal pain, bloating and altered bowel habit. The presence of these non-gut symptoms usually makes it easier for doctors to diagnose IBS.

In the past, doctors thought IBS was simply a disorder of gastrointestinal motility (that is, how well the intestinal muscle works to move the bowel contents along its length). These days, some experts think that abnormalities of gut sensitivity may be equally important. Furthermore, IBS isn't just one disorder, but a collection of disorders and experts have identified three main types of patients, each with different gastrointestinal symptoms:

- those with spastic colon syndrome, who experience symptoms such as incomplete evacuation of the bowel and pain associated with increased frequency of stools. In this patient group, opening of the bowels usually results in pain relief

- those with functional diarrhoea who tend to have no pain but who experience urgency in needing to go to the loo to open their bowels

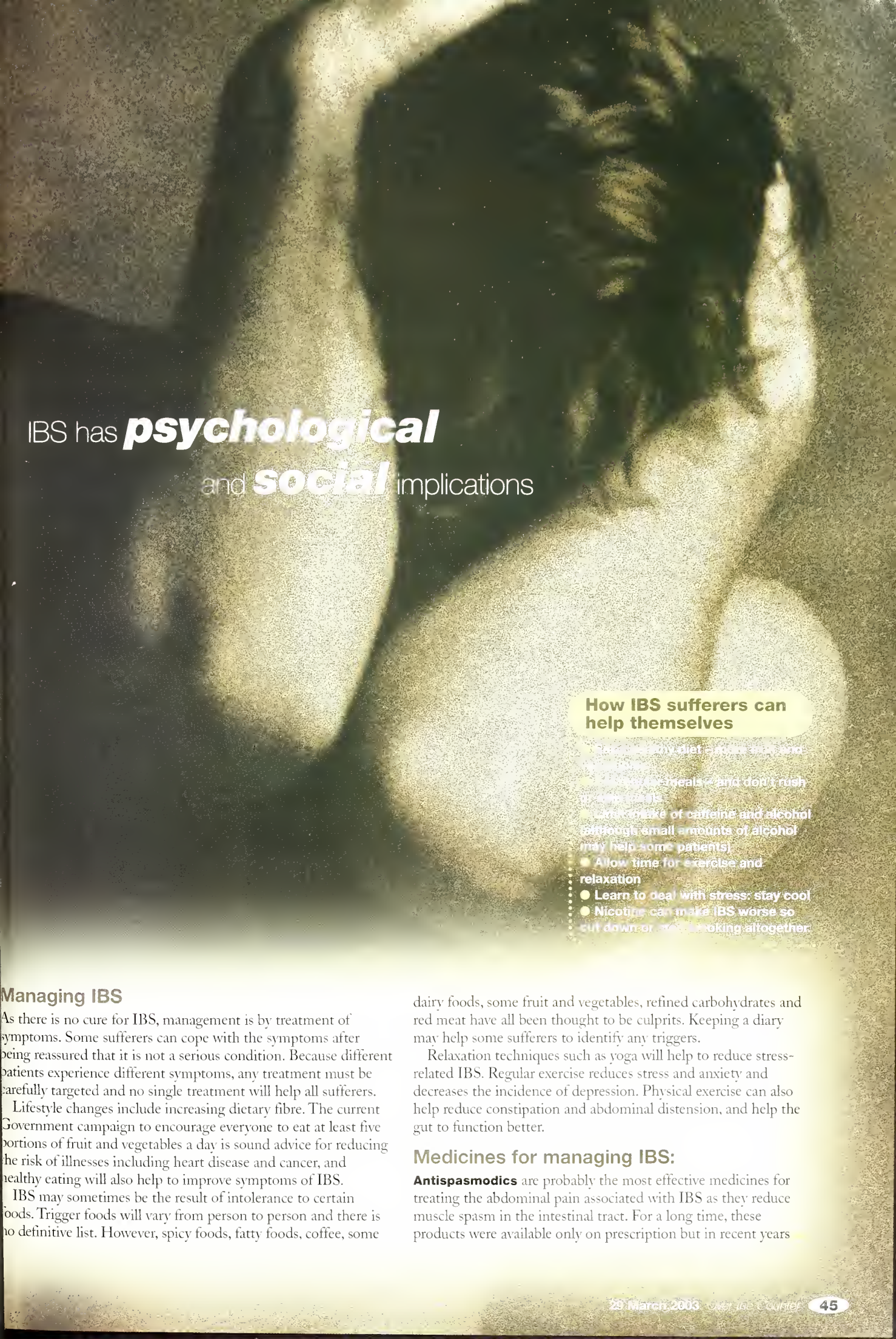
- those with a primary motility disorder of the gut, with symptoms such as abdominal distension, feeling very full after a meal, nausea and loss of appetite, and abdominal pain which is not relieved by opening of the bowels.

Some patients can track the onset of their IBS to an episode of infective diarrhoea such as traveller's diarrhoea. For these sufferers, the good news is that they are the ones most likely to recover completely.

The relationship between IBS and possible food intolerance is difficult to prove – it may be more likely that any such food intolerance is, in fact, a psychological food aversion.

Factors which may trigger IBS:

- | | |
|--|---|
| Acute gastro-intestinal infection | Difficulties with relationships |
| Change in diet | Stressful life events |
| Constipation | Food intolerance |
| Psychiatric illness or psychological disorders | In some families, IBS and classical migraine tend to co-exist |



IBS has **psychological** and **social** implications

How IBS sufferers can help themselves

- Eat a healthy diet: eat fibre-rich foods and avoid fatty foods
- Eat regular meals and don't rush or skip meals
- Limit intake of caffeine and alcohol (although small amounts of alcohol may help some patients)
- Allow time for exercise and relaxation
- Learn to deal with stress: stay cool
- Nicotine can make IBS worse so cut down or stop smoking altogether

Managing IBS

As there is no cure for IBS, management is by treatment of symptoms. Some sufferers can cope with the symptoms after being reassured that it is not a serious condition. Because different patients experience different symptoms, any treatment must be carefully targeted and no single treatment will help all sufferers.

Lifestyle changes include increasing dietary fibre. The current Government campaign to encourage everyone to eat at least five portions of fruit and vegetables a day is sound advice for reducing the risk of illnesses including heart disease and cancer, and healthy eating will also help to improve symptoms of IBS.

IBS may sometimes be the result of intolerance to certain foods. Trigger foods will vary from person to person and there is no definitive list. However, spicy foods, fatty foods, coffee, some

dairy foods, some fruit and vegetables, refined carbohydrates and red meat have all been thought to be culprits. Keeping a diary may help some sufferers to identify any triggers.

Relaxation techniques such as yoga will help to reduce stress-related IBS. Regular exercise reduces stress and anxiety and decreases the incidence of depression. Physical exercise can also help reduce constipation and abdominal distension, and help the gut to function better.

Medicines for managing IBS:

Antispasmodics are probably the most effective medicines for treating the abdominal pain associated with IBS as they reduce muscle spasm in the intestinal tract. For a long time, these products were available only on prescription but in recent years

Refer to the GP anyone:

- seeking advice about IBS who hasn't had their condition already diagnosed
- with diarrhoea lasting more than a few days
- with frequent constipation
- with an unexplained change in bowel habit
- with severe abdominal pain

some have been deregulated in small packs. Peppermint oil and mebeverine are probably the most frequently used antispasmodics. Peppermint Oil is available over the counter as Colpermin capsules. It is thought to have a double effect – relaxing the bowel muscle to help relieve cramping pain, and helping to disperse pockets of trapped wind that can cause uncomfortable bloated feelings. Always remember to tell customers to swallow the capsules whole as they have a special coating which keeps them intact until they reach the small intestine.

Mebeverine is available as the Pharmacy medicines Colofac IBS, Equilon and IBS Relief. Mebeverine should be taken about 20 minutes before meals – it tends to have the effect of rushing ahead and calming everything down in the gut.

Other OTC antispasmodics include alverine (Relaxyl) and older drugs which relax intestinal muscle such as hyoscine butylbromide (Buscopan) and dicyclanide (included in the OTC product Kolanticon Gel). These older products should not be used by patients with glaucoma or prostate problems.

Fibre products: products which provide fibre can be used where sufferers are unwilling or unable to increase the amount of dietary fibre. Products include OTC offerings such as Fybogel, Regulan or Normacol. They work by bulking out the stool, so avoiding hard,

impacted faeces. Bulking agents are useful whether the customer is constipated or has diarrhoea associated with IBS – in both cases the increased fibre holds water in the faeces helping to form a more normal stool. Patients with motility disorder of the gut who are experiencing pain, wind and bloating may gain no benefit from fibre and some kinds of fibre, such as bran, may make matters worse. Tell your customers always to take bulking agents with plenty of water and not to take them immediately before going to bed. Customers should be encouraged to improve their eating habits rather than rely on these products.

Anti-diarrhoeals: a short course of an anti-diarrhoeal medicine such as loperamide (Imodium, Arret, Diasorb, Diocalm Ultra) can be useful for acute cases of diarrhoea in IBS.

Combination products include Fybogel Mebeverine, which can be sold over the counter in small packs (10 sachets), and Spasmonal Fibre.

As with all medicines sales, always check whether patients are taking any other medicines. Discuss with your pharmacist which customers should be referred to them before sales are made. Before selling any products for IBS, always ask customers if their condition has been diagnosed by a doctor. If not, refer them to their GP to ensure that symptoms aren't caused by another more serious condition. ©

Test your knowledge

Win a bottle of champagne with Over The Counter

Check out what you learned in our IBS feature and you could win a bottle of bubbly. Just tick the correct answers to questions below, fill in your details and send off the form. The first correct form of the hat on the closing date of April 3 will be the winner.

1 IBS usually starts in:

- a Childhood b Early to middle adulthood
Old age

2 Each year, IBS costs the NHS an estimated:

- a £15 million b £30 million
c £50 million

3 Sufferers often say their symptoms are worse:

- a At night b After eating
c Between meals

4 In some families IBS is present with:

- a Eczema b Arthritis
c Classical migraine

5 How many main types of IBS have been identified:

- a Three b Four c Five

Name _____

Pharmacy _____

Address _____

Send your entry to: Test Your Knowledge Over The Counter/IBS, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RY



Natural rhythm with Caligif

Caligif, the fruit-based liquid laxative, is on TV again this year with an advert inspired by the current craze for salsa dancing. The advert shows salsa dancers finding their rhythm, reflecting the natural action of Caligif. Caligif contains syrup of real figs and retails at £2.45 for 55ml or £3.99 for 110ml; Junior Caligif at £1.25 for 55ml.

Roche Consumer Health Products
Tel: 01482 375234.

Probiotic protection from Multibionta

Seven Seas Advanced Formula Multibionta is a multivitamin with the added benefit of probiotics. Clinically proven to deliver 10 million friendly bacteria to the intestine where they are needed. Multibionta delivers 100 per cent of the recommended daily amount of vitamins, minerals and probiotics in one tablet.

Seven Seas Health Care Ltd
Tel: 01482 375234.



J&J adds caplets to Imodium Plus

Johnson & Johnson MSD Consumer Pharmaceuticals is launching Imodium Plus in caplet form for those who want a more convenient format to fit into busy lifestyles. Imodium Plus Caplets (12, £5.95) contain loperamide 2mg to stop diarrhoea and simethicone to help relieve the cramps, wind and bloating experienced by more than 70 per cent of sufferers. The launch is supported by a £2 million marketing campaign.



Johnson & Johnson MSD
Consumer Pharmaceuticals,
Tel: 01494 450778.

Rennie moves into sugar-free relief

Roche is launching a sugar-free version of its Rennie indigestion tablets after a successful trial last year. Rennie Sugar Free is mint-flavoured and aims to offer a choice to appeal to health-conscious consumers. The company says the new variant brings a huge sales opportunity to the sector.

Rennie Sugar Free is presented in a striking red foil pack and a pack of 24 retails at £1.89.

Roche Consumer Health,
Tel: 01707 366000.



behind the

O h dear, what has the Government done? The recommendations for deregulating the number of pharmacies allowed to dispense prescriptions have worried everyone at my shop. I'm very concerned in case our little pharmacy closes and I lose my job; the customers are worried that the services we provide for them will not be there; and, of course, management is always frantic when strong competition arrives on the scene. This state of affairs has led us all to support a plan of action. After all, most butchers, bakers and corner shops are a thing of the past and it looks as if small pharmacies could easily go the same way.

This country was once called a nation of shopkeepers, which meant choice and service – are we now becoming a country in which supermarkets dictate our choice? On our counter this week we have had a petition which customers have been only too pleased to sign. Many were not even aware of the changes. All our

staff have written to our MP, as have many customers. Even the local paper has helped us to bring this issue to the fore by writing an article about us.

When I was at work this morning, a customer gave me a Controlled Drug script that had not been completed properly. Our pharmacist asked me to pop over to the surgery to sort it out. The problem was quickly resolved and the customer got her prescription.

This customer goes everywhere by taxi, so what would have happened if she had presented her prescription at the supermarket one mile away? She would have had several taxi journeys, a load of hassle and inconvenience and additional cost to resolve the problem. These are the difficulties that will arise if local pharmacies are not maintained. I dread to think how some of our elderly customers are going to cope. People want to sort out their health problems as conveniently as possible.



I dread to **think** how some of
our elderly customers
are going to **cope**

Of course there are customers who I would be only too happy to send to our competitors! These are some of the addicts who frequent our premises year in, year out. We have no problem with most of them, but others can be aggressive and unruly.

Recently, some of our regulars were caught shoplifting and banned from the premises. Where will these people go? I suppose we are just passing the problem on to another pharmacy. Just the other day we were asked to take back a customer who had been very aggressive in the past. We were told that he could wait outside the shop for his prescription and we would take it out to him. I had visions of looking for this character in the dark. What comes first, profit or safety?

Verity

your sporting chance – the SportFlex capsules with Seven Seas

New Year fitness resolutions may have ended in failure, but the warmer weather and lighter evenings make it easier to take up a sport to tone up, trim down and have fun!

It's important not to let enthusiasm go away with you and to get into condition before you start. Sport and exercise can make heavy demands on the body – and often a healthy, balanced diet just isn't enough.

Seven Seas NeutraTaste SportFlex is an omega-3 multinutrient capsule to help

the body keep pace with an active lifestyle. Formulated especially for people who take part in sport or exercise, it can help maintain optimum health, keeping the body supple and the joints flexible.

Acceptability-tested by world class sports players, Seven Seas NeutraTaste SportFlex capsules contain a unique blend of micro-emulsified essential fatty acids, vitamins, minerals and herbs to help people keep fit and stay flexible. There's more information at www.sportflex.info

To help *Over The Counter* readers on their way to peak physical fitness, we have 50 tubs of 60 capsules – each worth £8.99 – to give away. If you would like a free tub of Seven Seas SportFlex, just send your name, address and the name of the pharmacy where you work on a postcard or the back of a sealed envelope to: **Over The Counter/ SportFlex Offer, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Entries should arrive by April 30.**



Bee prepared for the hayfever season



Hayfever relief from STERWIN MEDICINES

Cetirizine dihydrochloride 10mg Tablets: **Presentation:** White, round, film-coated tablets with a breakline on one side and embossed with AG on the other, containing 10mg of cetirizine dihydrochloride. **Indications:** Adults and adolescents over 12 years of age: Symptomatic treatment of allergic rhinitis (seasonal and perennial), and chronic idiopathic urticaria. Children 6-12 years of age: Symptomatic treatment of allergic rhinitis (seasonal and perennial), associated allergic conjunctivitis, and chronic idiopathic urticaria. Children 6-12 years of age: Symptomatic treatment of allergic rhinitis (seasonal and perennial), and chronic idiopathic urticaria. **Dosage and administration:** Adults and adolescents over 12 years of age: 10 mg once daily. Children 6-12 years: 10 mg per day, in 1 or 2 administrations. Children weighing <30kg: 5mg daily. **Contraindications:** patients with hypersensitivity to cetirizine dihydrochloride or any of the excipients; children under six years of age; patients with severe renal impairment. **Precautions:** In some patients, long term treatment may lead to an increased risk of caries, mouth dryness. Impaired hepatic function, renal function. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. May potentiate the effects of alcohol, concomitant use of CNS depressants, caution with use in pregnancy. Avoid during breastfeeding. **Side Effects:** Mouth dryness, headache, dizziness, drowsiness, somnolence in children and adults, agitation, abdominal complaints and digestive disorders. Exceptionally, cases of allergic reactions such as cutaneous reactions and quinine's oedema have been reported. **Pack Size, Legal Status and PL Numbers:** 7's pack, GSL, PL 17780/0203; 30's pack, P, PL 17780/0202. **PL Holder:** Sterwin Medicines, PO Box 611, Guildford, Surrey, GU1 4YS. **RSP:** 7's £2.49, 30's £3.75. Ref: PI/Cetirizine/1/Feb03.

Loratadine 10mg Tablets: **Presentation:** White or almost white, 8mm round, flat tablets, embossed with a letter 'L' on one side and with a scoreline on the other, containing 10mg of loratadine. **Indications:** For the symptomatic relief of perennial rhinitis, seasonal allergic rhinitis and idiopathic chronic urticaria in adults and in children aged 12 years and over. **Dosage and administration:** Adults and children 12 years of age and over: One 10mg tablet once daily. Elderly: No special dosage recommendations. Children under 12 years of age: Liquid loratadine formula preferred for children under the age of 12 years. **Contraindications:** The product is contra-indicated in patients who are hypersensitive to loratadine or any other constituent of the preparation. **Precautions:** Not recommended for use in children under 2 years of age, pregnant or breastfeeding women. Concomitant therapy with drugs metabolised by cytochrome P450 3A4 (eg cimetidine, erythromycin, ketoconazole, quinidine, fluconazole, fluoxetine). **Side Effects:** Sedation and anticholinergic effects, have been observed in controlled clinical studies. Rarely, of fatigue, nausea and headache, tachycardia and syncope, alopecia, anaphylaxis, abnormal hepatic function and supraventricular tachyarrhythmias. **Pack Size, Legal Status and PL Number:** 7's pack, GSL, PL 17780/0165; 30's pack, P, PL 17780/0164. **PL Holder:** Sterwin Medicines, PO Box 611, Guildford, Surrey, GU1 4YS. **RSP:** 7's £2.74, 30's £3.99. Ref: PI/Loratadine/0202.

Date of Preparation: February 2003. **Ref:** STW055.